

Medical Economics

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MARCH 1946

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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

MARCH 1940

Cover photo by Doris Day from Atlas

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OF
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Its use is compatible with, and a valuable supporting measure for, serum and all other forms of medication. It is suitable for patients of all ages.

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MARCH 1940

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Note the great strength of the glass tip to which the metal Luer-Lok is applied. Its diameter is $1\frac{1}{32}$ ".

The glass tip of an ordinary Luer Syringe. Compare this with the much stronger tip shown in the upper illustration.

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When *you* come home all
tired at night,
Or patients need an
appetite,
When guests or children
have a thirst,
For refreshment, for
enjoyment,
Dole Pineapple Juice
is first:

*P.S. Swell before
breakfast, too!*



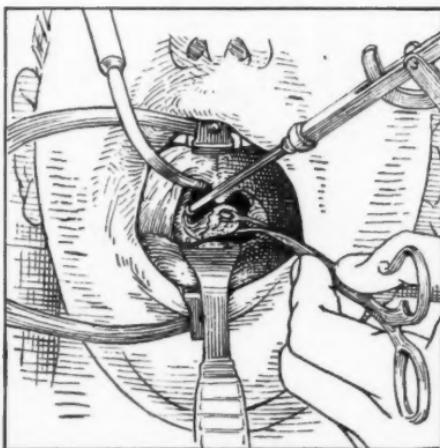
TYPICAL ANALYSIS

DOLE PINEAPPLE JUICE FROM HAWAII

Moisture	84.3%
Total solids	15.7%
Total ash	0.4%
Fat (ether extract)	0.1%
Protein (N x 6.25)	0.3%
Crude fiber	0.08%
Total sugars (invert)	12.7%
Total acid (as anhydrous citric)	0.8%
Carbohydrates (by difference)	14.8%
Brix (by refractometer)	14.7%
pH	3.53%
Calories/gram	0.6
Calories/ounce	15

A good source of vitamins B and C, and contains vitamin A

Dole Pineapple Juice from Hawaii



Prolonged Analgesic Contact in Painful Throat Conditions

An effective and, moreover, pleasant way to bring prolonged relief from the pain and discomfort of seasonal throat inflammations and post-tonsillectomies is available in Dillard's Aspergum.

The chewing of Aspergum brings aspirin-bearing saliva into prolonged contact with the irritated area, thus exerting a sustained soothing effect topically.

In addition, this local obtundent effect is enhanced by a valuable systemic analgesic-antipyretic action.

Together with the action of the contained medicament, the act of

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Dillard's Aspergum is a pleasantly flavored chewing gumbase containing $3\frac{1}{2}$ grains of acetylsalicylic acid. Ethically promoted, widely used by the profession for many years. You can prescribe with confidence.

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Dillard's Aspergum
for Relief in
POST-TONSILLECTOMY • TONSILLITIS • PHARYNGITIS

speaking frankly

STAMPS

TO THE EDITORS: Your "Keep Politics Out of Medicine!" stamp is an excellent idea.

E. Zeh Hawkes, M.D., President
Medical Society of New Jersey

TO THE EDITORS: My opinion is that your stamps will aid in the campaign against government regimentation of medicine.

W. K. Stewart, M.D.
Youngstown, Ohio

TO THE EDITORS: The idea of "stamping" politics out of medicine should find universal appeal among physicians, and should be effective in molding public opinion. It carries a powerful truth, briefly stated, so that it will penetrate and stick in the average mind.

W. W. Duemling, M.D., Editor
The Caduceus
Fort Wayne, Ind.

HITLERIAN

TO THE EDITORS: The California Physicians' Service plan was invented by the officers of the California State Medical Association. Not only did they invent this health insurance scheme; they literally crammed it down the throats of the physicians of California.

These officers—because of indirect elections—are three and four times removed from direct representation of the rank and file of physicians who pay the bills. Yet they constitute an absolute oligarchy with dictatorial powers they have not hesitated to use.

Without a referendum they incorporated, loaned themselves \$29,500 of our State medical fund, and taxed

5,000 physicians \$25,000 for the questionable privilege of being on the panel of their insurance scheme.

The C.P.S.—stripped of all camouflage—is self-imposed, regimented, socialized medicine, with a communistic changeable-unit system of paying doctors. This system makes certain that the panel physician absorbs all risks and deficits, and makes him the goat-extraordinary for the corporation.

The haste and Hitlerian methods used by said State society officers in launching this plan was ostensibly to head off a compulsory health insurance bill then pending in the State legislature. But, behold, I show you a mystery! These same officers spent nearly \$20,000 of our medical funds in a vain effort to get the two previous legislatures to pass a compulsory health insurance bill! Untie that one, if you can.

Not one California doctor in twenty was in favor of this fantastic scheme, and it has absolutely no official connection with the California State Medical Association. Yet the physicians of California have been forced to advance \$54,500 to promote it. This money is practically all spent and the corporation is still going in the red.

Conclusion: Any insurance that pays indemnities with medical services always leads to corruption. Such a system is unnecessary, unethical, and absolutely un-American.

E. H. Crane, M.D.
Inglewood, Calif.

MIDWIFERY

TO THE EDITORS: Allow me to second the motion made by Dr. Fulvio Paletta in his letter in the January is-

Make neat, protective dressings



● To the physician, quality in a bandage means strength, neatness and cleanliness. Red Cross Bandages are made of 44 x 40 mesh gauze. The edges are smooth and do not ravel easily, which makes for a neater

dressing that keeps the workman-like appearance derived from the skill with which it is applied. Red Cross Bandages are packed in sealed cartons and are *sterilized after packing*. Supplied in convenient sizes.

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**CALCIUM
GLUCONATE
EFFERVESCENT
(FLINT)**



is

More Soluble

—(4½ times that of ordinary calcium gluconate)

Highly Palatable

—(pleasantly effervescent—no disagreeable taste)

and is thus especially recommended for cases in which prolonged calcium medication is desired.

Council-Accepted—Protected by U.S. Patent No. 1983954—each gram contains calcium gluconate U.S.P. 0.5 Gm., citric acid 0.25 Gm., and sodium bicarbonate 0.25 Gm.

DOSAGE

For adults, 1 to 1½ heaping teaspoonsfuls (equivalent to 50 to 75 grains of calcium gluconate).

For children, ½ to 1 teaspoonful.

For infants, the solution in water may be added to milk.



FLINT, EATON & COMPANY
DECATUR ILLINOIS

sue of MEDICAL ECONOMICS.

Midwives are thick as fleas on a dog here in New Mexico. Men as well as women do this work.

I myself have been called many times to find a woman—either on the floor or in a dirty bed—torn, bleeding, and nearly dead. And I know of numerous deaths resulting from the attendance of midwives at childbirth. Personally, I think every midwife should be outlawed.

If a woman ever needs a physician, she needs him when she's having a baby. If she can't pay for proper medical attention at such a time, it is up to the county or State to make some provision for her.

O. I. Nesbit, M.D.
Espanola, N.M.

TO THE EDITORS: Your letter on midwives was both apropos and timely. It is deplorable that we still tolerate this old-world custom.

In Europe, obstetrics was regarded as a low form of medicine. It was considered a disgrace for a regular M.D. to attend a woman in labor. Thus midwives came into being. But why they have been allowed to persist up to the present time is beyond comprehension.

We have very strict laws here in Chicago regarding the practice of obstetrics. Physicians are required to summon a board of health doctor whenever a case requires high forceps extraction or a Caesarian. They are likewise required by law to keep extremely detailed records of all OB cases.

So much for educated and licensed physicians.

Midwives, on the other hand, are given a free rein. None of these restrictions are placed on them. Most of them have never had any schooling at all. Doesn't it seem incongruous and ironical that so little is left to the discretion of the physician, and so much to the midwife?

In the United States, where we have

Why a BAUMANOMETER?

When you pay \$29.50 for the Cast Duralumin **KOMPAK** Model Lifetime Baumanometer you are admittedly not buying the cheapest instrument. The few extra dollars invested represent extra value in the form of many exclusive and desirable features that are built into each Baumanometer. Consider some of these:

Its die-cast *duralumin* case with inlaid fabric bottom — resiliently mounted, completely recessed *Cartridge Tube* (guaranteed for your lifetime) — alumilited metal scale — the unique construction that precludes mercury spilling — the steel reservoir — automatic cover openers and tube ejector, all cost more to build.

Furthermore the inflation system of any blood-pressure instrument alone represents about 20% of its purchase price. The Baumanometer is again unique in that it is entirely equipped with genuine Latex rubber parts — bag, bulb and tubing. Made by the Anode dipped process, Latex is seamless and possesses elastic and rugged qualities never before obtainable.

Why A Baumanometer? — Because with it you are assured of complete, scientifically accurate, uninterrupted bloodpressure service for your lifetime!



**Lifetime
Baumanometer**
STANDARD FOR BLOODPRESSURE

See your
surgical
instrument
dealer.

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New York, New York

MEDICAL ECONOMICS

When Medical Authority Confirms Clinical Experience

CREOSOTE and guaiacol, according to Hruby*, certainly appear to have a definite clinical value in the treatment of cough and sputum—acting on the bronchial secretion, diminishing the amount of sputum, and rendering it less purulent.

LIQUID PEPTONOID WITH CREOSOTE

affords all the stimulating expectorant and bronchial sedative usefulness of these medicinal agents, rendered bland and non-caustic by their unique combination with Liquid Peptohoids (pre-digested beef, milk and wheat). Each tablespoonful represents two minimis of Beechwood creosote and one minim of guaiacol, free from narcotics.

Indications: For the painful unproductive cough of grippe, acute or chronic bronchitis, influenza or pulmonary tuberculosis.

Available: In bottles
of 12 fluid ounces.

Dosage: One to four
teaspoonfuls every two
or three hours until re-
lieved.

Reference on request.

THE

Arlington
CHEMICAL COMPANY

YONKERS, N. Y.

excellent governmental and State supervision, plus both free and low-rate clinics available to all classes of patients, midwives should have been eliminated years ago.

The trouble is that doctors are not sufficiently alert. They leave everything for George to do. George, of course, is now masquerading as state medicine.

E. de T. Murphy, M.D.
Chicago, Ill.

PALE

TO THE EDITORS: "A Logical Starting Point" (January issue) is a strong and grippingly true editorial.

General practitioners all know from experience that many cases require X-ray work. They also know how pale many of these patients get when told that gastro-intestinal pictures cost \$25, or chest pictures \$10. To this bad news, patients reply: "I'll think it over."

But they seldom return. They go instead to a clinic where X-ray work is done gratis. Having found their way to a clinic once, they return there the next time they need medical attention. It's as easy as that for patients to get the "clinic habit."

General practitioners will come to an accurate diagnosis if and when we have the facilities and privileges of X-ray. Our Government could do a great deal for all people if it would make available X-ray and laboratory facilities at very small cost.

M.D., Illinois

CAMPAIGNER

TO THE EDITORS: An election is coming up. Candidates are already announcing themselves for office. Let's get a statement on Government-controlled medicine from every one of them. Let's see where they stand on this subject. Then let us vote against, and use our influence against, those who favor state medicine.

If candidates try to duck the is-

MARCH 1940



1940 MARCH 1940

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ARTHRITIC
Flare-up**

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Clinical Advantages:

EFFECTIVE ANALGESIA—Salicylates with Iodide

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assures maximal effectiveness with least gastric upset;
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When dissolved, each tablet gives approximately 4 grs. free sodium bicarbonate and approximately 24 grs. sodium citrate.

In bottles of 30 tablets.

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sulphur, calcium, and iodine, given by mouth, are reported to prove of service.

LYXANTHINE ASTIER

supplies these, together with a potent eliminant of metabolic waste. Relief of pain, reduction of swelling, increased mobility are noted, without unpleasant after-effects. Also indicated in chronic rheumatism.

Write for literature and sample.

F-10

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sue, let's make it plain we'll vote for the man who *will* announce his unalterable opposition to Federal control. The medical profession should be able to command enough support to tip the scales in his favor.

M. A. Cooper, M.D.
Childress, Texas

SEMITICISM

TO THE EDITORS: Many doctors are already wise to the un-American, pro-fascist leanings of your magazine. But you climaxed it in your January issue when you printed two letters commenting on a fascistic article on the "Jew in Medicine" originally printed in Minnesota Medicine and later reported by you.

In your "Speaking Frankly" department you entitled these two letters, "Semiticism." Now Semiticism refers to languages and has nothing to do with anti-Semitism. Are you trying to confuse the issue? Or are you so imbued with anti-Semitism yourself that you are already color-blind? Or are your editors so ignorant of the English language that they can't note the difference between Semiticism and anti-Semitism?

Nat Kanner, M.D.
Brooklyn, N.Y.

[Contrary to ebullient letter-writer Kanner's belief, both Semitism and Semiticism are defined (by Webster) as "a policy . . . favorable to the Jews; hence any favor to, or predisposition towards, Jews." Since both letters heartily upheld the rights of Jews in medicine, we chose—quite correctly—to label them "Semiticism."—THE EDITORS.]

BARGAIN?

TO THE EDITORS: In the January issue of MEDICAL ECONOMICS, you cite the strange case of a Westfield, New Jersey physician who had more patients than he could handle. He curtailed his practice by the simple pro-

MARCH 1940

Nocturnal Coughs

bring wakefulness and distress with consequent lowered vitality and resistance, particularly to the aged.



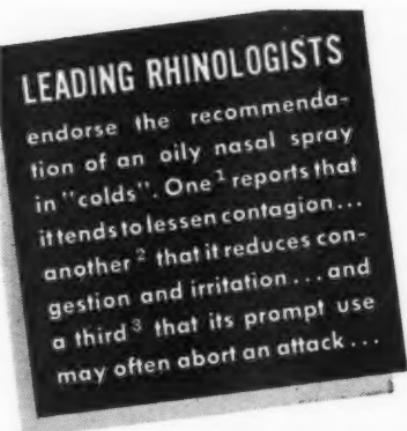
Diatussin

relieves this condition promptly. Physicians have prescribed it for years. They like its efficacy — its "drop dose" therapy and the fact that it is *non-narcotic*. **Diatussin** is a strictly physicians' prescription which is

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1. By correcting mucosal dryness and the distress of encrustations by a soothing protective coating, they facilitate vital ciliary activity.
2. By their astringency, they permit the warming, humidifying and filtering of inspired air through continued nose breathing.
3. By local sedation, they provide gratefully cooling and soothing relief from fulness of the head.
4. And, by stimulation and mild antisepsis, they assist the recuperative process, and lessen the danger of contagion.

Indications: Coryza, all manifestations of rhinitis, laryngitis, gripe, influenza, rose colds, hay fever, summer catarrh, ozena.

SEND FOR TRIAL SUPPLY

¹ Wells. The Common Head Cold, 1929. ² Healy. J. A. M. A., 1936. ³ Hall. Diseases of the Nose, Throat and Ear, 1937

THE PINEOLEUM CO., 6 BRIDGE ST., NEW YORK



cedure of raising his fees.

What I want to know is why it didn't occur to this fellow to hire an assistant? By taking on a young man, he could have developed a better office organization, saved wear and tear on himself by sending the assistant on the bulk of the home calls, and seen a good many more patients in the bargain.

It seems too bad to me to drive off good patients, no matter what the purpose.

M.D., New Jersey

LAITY

TO THE EDITORS: A public relations experiment in our city seems to indicate that any organized medical group can keep open a good-will channel to the public, if it really wants to.

We set up an "Exhibit to the Laity." Diagrams, models, labelled X-ray films, and charts gave a picture of human anatomy and pathology. At another booth was an exhibit of child welfare work. Several large pharmaceutical houses took booths for the display of their more exciting drugs—sulfanilamide, serums, vaccines, endocrines, etc.

Visitors gaped at a faithfully reproduced "model operating room." Special exhibits dramatized the visible phases of many common disorders, such as pneumonia, appendicitis and diabetes. At regular hours moving picture films were projected,



A natural way

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Many physicians agree that Ralston in contrast to refined or built up foods provides a natural, economical way to add the essential food properties of whole grain to the diets of infants and growing children.

Ralston is a natural wheat cereal naturally fortified with wheat germ for additional vitamin B₁. In the milling process nothing is removed except the coarsest outer wheat bran. The natural bulk so often required after the "starting cereal" period remains in Ralston.

Try delicious Ralston yourself. See if it isn't the natural way to please children and provide the valuable food properties so important in youngsters' diets.



Easily digested. Another reason Ralston is widely prescribed at the time doctors recommend a change from starting cereals.

FREE SAMPLES—Simply ask for them on your letterhead. Address Ralston Purina Company, 920 C Checkerboard Square, St. Louis, Mo. (This offer limited to residents of the United States.)

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ANALYSIS IN GRAMS	
Based on 30 grams Dry Ralston	
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Protein	4.5
Carbohydrates	21.0
Ash	.3
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Calcium	.015
Phosphorus	.12
Manganese	.0012
Copper	.00018
106 Calories	
30 grams Ralston Wheat Cereal contain 45 International Units vitamin B ₁ . Ralston is a rich source of vitamin E and a good source of vitamin G.	

*Children
love it*
*Cooks in
5 minutes*



RALSTON ... natural wheat cereal naturally fortified with added wheat germ for extra vitamin B₁

MEDICAL ECONOMICS

and a program of formal lectures punctuated each evening.

The project lasted only a week. But it pulled thousands of laymen into the hall, where the wonders of medicine were shown to them, and where a new and profound respect for the doctor's job was created.

Now some of the M.D.'s are asking for a permanent exhibit. It can be done. And I think that a blanketing of the country with little museums of this sort would be effective, dignified, and potent pro-physician propaganda.

Why not have all county medical societies consider a program of this sort?

H. A. Davidson, M.D.
Newark, N.J.

CLINIC

TO THE EDITORS: I have devised a scheme in which I think you and your

readers may be interested.

I set aside two days a week—Tuesdays and Thursdays—as my "private clinic" days. Anyone who can't afford my \$10 fee (I specialize in orthopedics) is privileged to attend. Clinic patients pay \$2 a visit. If they can't afford that, no charge is made.

It has been my experience that this system eliminates price-cutting and solves the charity problem. From a broader point of view, it is one sure way of keeping medicine out of the hands of government. My practice has increased since I instituted this plan; I've gained valuable experience; and I've won friends.

Physicians sometimes ask me whether well-to-do patients don't try to "crash" the clinic. The answer is no. My clinic is as large as I can possibly handle. Anyone who can afford the higher fee will not wait in line with the clinic patients.

M.D., New York

.. ALLISON .. MONARCH 1810 TABLE



The purchase of a Monarch Treatment and Examining table is an economy move. First, because it is quality built to last for years; second, it gives every possible aid to the busy physician; third, its distinctive style gives a dignified look to the office—smart but not obtrusive.

Doctors who know value unhesitatingly buy ALLISON medical furniture. They know that they are getting the finest made. Genuine American walnut, with its rich warm color is taken by ALLISON'S skilled workmen and fashioned into smart, durable equipment. Special attention is paid to details—those details that give more efficient aid to the busy physician.

W. D. ALLISON CO.
Indianapolis, Indiana

ME-3

Please send me your catalog, showing the newest style office furniture.

NAME

ADDRESS

CITY STATE

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PHYSICIANS' FURNITURE
Indianapolis, Indiana

MARCH 1940

FOR MODERN MENSTRUAL HYGIENE



At tampon approved by so many physicians

Vaginal tamponage is the physician's own technique for treating many uterine conditions. The doctor recognizes its striking advantages also in caring for that uterine phenomenon, the menstrual flow. By absorption at the cervix uteri, instead of by perineal padding, truly hygienic protection is afforded—reducing the danger of infection of perianal origin, eliminating the prospect of vulval irritation, and minimizing subjection to odorous decomposition products.

That is why Tampax, designed by a physician, has won such wide professional endorsement.

Each Tampax provides a compressed tampon of the finest surgical cotton, in an ingenious individual applicator, for easy patient insertion high above the sphincter vaginae. *In situ*, the tampon freely expands, drawing the flux away from the cervix by positive capillary "wick" action, that prevents any blocking of the flow. A moisture-resistant cord, left protruding from the orifice, permits dainty removal.

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Use the coupon now for trial supply.

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OF THE AMERICAN
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Please send me a professional supply of Tampax.

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E-30

Idle Thoughts of a Patient

DURING A BLOOD-PRESSURE TEST!

"I like Dr. Brown . . . I have every confidence in him . . . But what is that worn-out thing he's putting on my arm? . . . Wonder if that gadget could be accurate? . . . He's a fine doctor . . . but that old blood pressure thing . . . I wonder?"



THREE are many doctors who regard their old sphygmomanometers as faithful friends of long standing. They know their blood pressure instruments—perhaps 10, 20, even 30 years old—are still accurate. But what do their patients think?

There's always the chance that many have the same thoughts as the patient above. If you have a veteran instrument, why not retire it and invest in the new Tycos Aneroid? The new Tycos is guaranteed for 10 years.

See this new Certified Tycos Aneroid at your Surgical Supply Dealer's. Note the handsome black and chrome finish, the unbreakable crystal, the non-tarnishing silvery dial, the new clip for attaching gauge to armband. It's light—it's compact—it's more accurate than ever before. Invest in a new Tycos Aneroid. Taylor Instrument Companies, Rochester, N. Y.

Above: This veteran Tycos has seen more than 20 years of hard usage. It was finally retired in favor of a new Tycos Aneroid.

Below: The improved Certified Tycos Aneroid—portable, light, compact, modern—\$25 complete, ready to use.





at the peak

WHEN ovarian insufficiency provokes distressing menopausal manifestations or menstrual aberrations, the administration of Estrogenic Hormone can often aid materially in keeping feminine health "at the peak"—as it can also in the many other conditions in which it has proved so helpful.

Estrogenic Hormone (R & C) is kept ever at the peak of potency and purity. It is processed in R & C's own specially designed laboratories by original methods, from prenatal mare's urine (supplied by one of New Jersey's finest breeding farms). In highly purified, non-crystalline solution, it is then assayed for potency, always by our own research staff, by two separate methods—and finally by an independent testing organization.

The routine of this famous triple check assures a rigid standardization that is the best guarantee of effective clinical results, whether by oral administration or intramuscular injection. And the new low price affords the best opportunity for the widest employment of its clinical efficacy.

REED & CARNICK, JERSEY CITY, N. J.
Pioneers in Endocrine Therapy

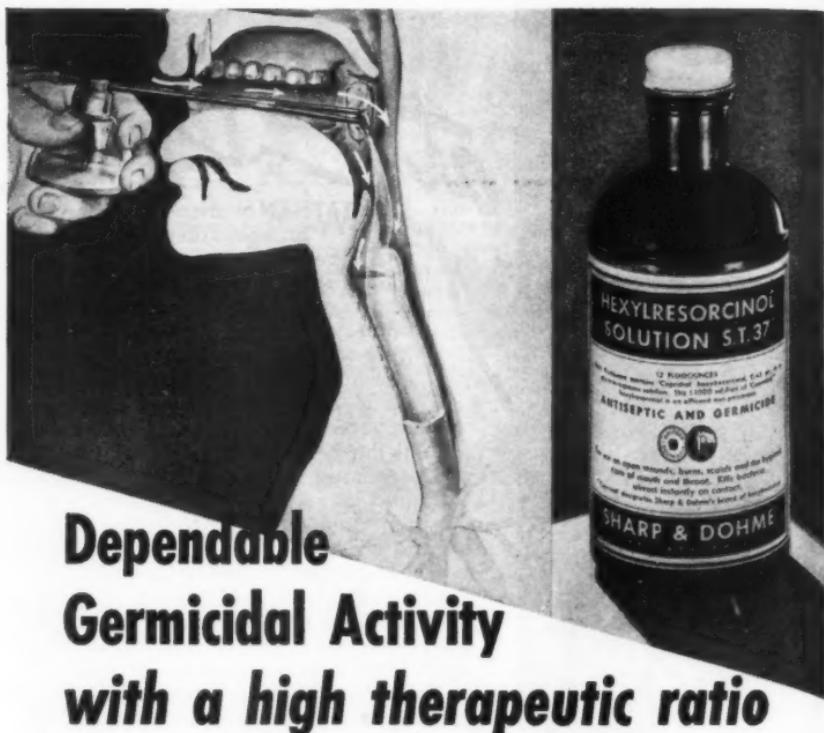
ESTROGENIC HORMONE(R&C)

HOW SUPPLIED

In oil solution for intramuscular administration—in boxes containing 6, 25, or 50 ampules of 1 cc. (2,000, 6,000, or 10,000 I.U.) each; also in vials of 5, 10, and 20 cc. (either 2,000, 6,000, or 10,000 I.U. per cc.).

Tablets, Estrogenic Hormone (R & C) for oral employment, are marketed in bottles of 50 (1,000 I.U. each).





Dependable Germicidal Activity with a high therapeutic ratio

CLINICALLY, the physician selects therapeutic and prophylactic preparations which do not interfere with normal physiology. In the field of antiseptics, on the basis of germ-killing action and tissue toxicity, Hexylresorcinol 'Solution S.T. 37' is probably the safest and most effective antiseptic available for clinical use.

All recognized standard methods for testing germicides demonstrate the germicidal activity of

Hexylresorcinol 'Solution S.T. 37.' It is germicidal in the presence of serum, blood and organic matter. It is germicidal in dilution with four or five parts of water.

Hexylresorcinol 'Solution S.T. 37' is soothing to inflamed tissues by exerting a local surface analgesic effect. It is non-toxic, non-irritating, stainless and odorless. Its low surface tension aids penetration of the germicide into minute tissue crevices. It is not a mercurial antiseptic. In convenient 5-ounce and 12-ounce bottles.



"FOR THE CONSERVATION OF LIFE"
Pharmaceuticals **Sharp & Dohme** Mulford Biologicals
PHILADELPHIA

MARCH 1940

**Pardon us
while we jog your memory!**

OF COURSE, you are thoroughly familiar with the effects which caffeine has on the human system. But we think you will agree that the following points are well worth repeating from time to time.

1. **Even in small amounts**, the caffeine in coffee may dull the sense of fatigue, at the same time causing the sleeplessness that robs the system of rest.

2. **In certain cardiac and nervous conditions**, the use of coffee may be con-

trainicated for reasons all too well known to you. If continued, its use may cause pulse irregularity, loss of appetite, constipation, diarrhea, etc.

3. **Worst of all**, the effects of caffeine, like the effects of any stimulant, may last as long as 48 hours, in many cases!

4. **At the first sign** of harmful effects from caffeine, many physicians urge the patient to "Switch to Sanka Coffee." (Sanka Coffee is grand coffee yet 97% caffeine-free, so cannot produce any of the harmful effects due to caffeine.)

Copyright, 1940, General Foods Corp.

SANKA COFFEE

REAL COFFEE... 97% CAFFEIN-FREE

NOTE TO DOCTORS :

Try Sanka Coffee yourself—at our expense. Mail the coupon for a quarter-pound can. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Sanka is available in "regular" grind, and in the popular, new "drip" grind. Make Sanka strong... a heaping tablespoon to a cup. A General Foods Product.

M. E. 3-40

GENERAL FOODS, Battle Creek, Mich.

Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name _____

Street _____

City _____ State _____

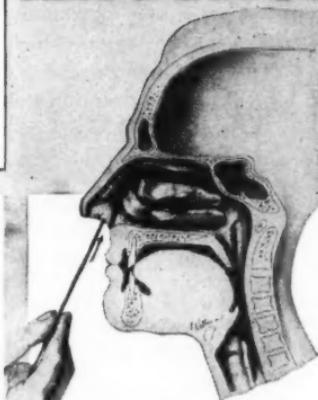
This offer expires December 31, 1940

Good only in the U. S. A.

THE SPECIFIED DRUG FOR THE DOWLING TREATMENT OF SINUS DISEASE



is
ARGYROL



● The striking results of the Dowling Treatment have made it increasingly popular throughout the world.

It is based on the specific use of ARGYROL. Dr. Dowling himself says:

"Dowling Treatment is the specific method of treatment for acute and chronic sinus disease utilizing cotton tampons saturated in a 10 per cent solution of ARGYROL and applied to the mucous membrane of the nose . . . I have so far been unable to find any drug equal to or more efficient than a 10 per cent solution of ARGYROL."

ARGYROL is not just another mild silver protein—it is in a class by itself because its pH is constant and its pAg is controlled. Your insistence on the ORIGINAL ARGYROL PACKAGE insures the best results through freshness and full protection against light, moisture and other contamination.

INSURE YOUR RESULTS—
SPECIFY THE

WRITE FOR A FREE COPY OF
"The Dowling Treatment—
Thirty Years of Observa-
tion and Results," by J.
Ivimey Dowling, M.D.,
F. A. C. S.—reprinted from
"The Eye, Ear, Nose and
Throat Monthly," Novem-
ber, 1937. We will also send
you the exact type of ap-
plicator recommended by
Dr. Dowling in his article.



ORIGINAL ARGYROL PACKAGE

A. C. BARNES COMPANY, NEW BRUNSWICK, NEW JERSEY

For 39 Years Sole Makers of ARGYROL and OVOFERRIN

"Argyrol" is a registered trademark, the property of A. C. Barnes Company

SIDE LIGHTS

With everybody interested in health, talks by M.D.'s ought to fill the halls. But too often they don't.

One reason why is that a good drawing card—the motion picture—continues to be overlooked.

An announcement that a talk on some phase of medicine will be dramatized with movies is infinitely more likely to pack them in than the same talk unillustrated. And the beauty of it is: such pictures can often be secured without charge.

A number of State health departments, for example, maintain libraries of films suitable for small projectors. State medical societies often stock them. And certain manufacturing houses which cater to the profession also offer a wide variety of films from which to choose.

A talk on first aid, maternal health, habit training, mental deficiency—in fact on almost any aspect of health or hygiene—is lighted up with dramatic clarity when the speaker appeals to the eye as well as the ear. Professional lecturers use these handy props routinely. Good-will-seeking medical lecturers can't afford to lag behind the times.



"A beautiful case"—said beamingly with a rubbing of hands—is the average man's picture of the medical scientist. The latter, he often charges, is not responsive enough toward individual suffering; he lacks warmth; he does not reflect true, heartfelt sympathy for the victim of aches and pains. Critics even tell us that this difference between the casual commiseration of one doctor and the genuine emotion-sharing of another accounts for the success of a number of those not-too-scientific but ma-

terially-well-off practitioners we sometimes hear about.

The physician we like to think of as typical replies to the patient's chronicle of suffering so sympathetically that the victim knows he has found a friend and reposes complete confidence in him. But most doctors, the critics insist, race through a formal expression of grief, then plunge with professional imperturbability into their work.

Callousness is without doubt a fault common to a number of medical men. But we seriously doubt that it has attained the status of an occupational disease.



The heir of the cracker-barrel general store merchant is often the corner druggist. His pharmacy is a forum for the exchange of neighborhood opinions. He runs an informal first-aid station for the local citizenry. And he's generally a one-man medical reference bureau.

As an individual, he is a valuable friend for any physician to have. As a member of an allied profession, he's a staunch ally in medicine's battle with the political ravens.

Yet pharmacists get scant recognition. More county medical societies might well establish special committees for fostering relations with them. Even an annual joint meeting would do a lot to pave the way for a closer and mutually beneficial alliance.



Smaller and handier seems to be the trend these days in all sorts of things—from cameras to chocolate drops. Even doctors' bags have fallen in with this evolutionary process.

Time was when, as the M.D. walked,



**Analgesic, Decongestive,
Antipruritic**

As a wet dressing for boils, carbuncles, abrasions, lacerations, burns, varicose ulcers and for non-specific skin infections, Campho-Phenique is a choice preparation because it provides prompt and dependable action.

It affords comfort and relief from itching when used as a topical application on common insect bites, urticaria, ringworm, dermatitis, medicamentosa and eczema.

CAMPHO-PHENIQUE is a solution of Camphor and Phenol in a bland neutral oily base combined with aromatics to produce an efficient non-caustic antiseptic dressing.

Patients appreciate the action of **CAMPHO-PHENIQUE**.

SEND FOR FREE SAMPLE

CAMPHO-PHENIQUE CO. ME-3
700 N. Second St., St. Louis, Mo.

Gentlemen:
Please send me samples of Campho-
Phenique Liquid, Ointment and Powder.

Dr. _____

Address _____

City & State _____

his center of gravity shifted to the right, his arm pulled down by a satchel that might well have contained the new-born baby whose arrival so mystified little brother. Today's bag, however, often fits into the midget category. It may be a zippered affair which tucks under the physician's arm like a book. Or it may swing traditionally on a handle. But, measured lengthwise, it doesn't displace much more than a foot of air.

Intelligent selection of instruments and drugs—with frequent replenishment at the office—is the secret. One reason for the popularity of the smaller bag is that it requires a daily check of the contents, assuring that the inside is always orderly, the drugs always fresh.

We heard one patient remark dryly that the biggest specialists these days seem to carry the smallest bags.



Asked to name the three tiers of American Government, most of us would answer, "Federal, State and municipal." Chances are we wouldn't think of that forgotten unit, the county.

Reasonably so, too. For the county, as a rule, is arbitrary in its frontiers and devoid of executive function. It corresponds to no cultural or geographic reality.

Certain elements in Washington now seem determined to lift the county from this desuetude. Already they have featured it as the most important unit in the Governmental hierarchy.

Senator Wagner it was who said that there are 1,300 counties without hospitals. And that these counties have a population of 16,000,000 people.

But why in particular was the county selected as the unit of measurement? Could it have been because it makes possible a more alarming case against American medicine?

Thirteen hundred counties without

MARCH 1940



VITABEE

ENDO

Brand of Thiamin Chloride

PROVEN therapeutic efficacy in vitamin B₁ deficiencies such as beriberi, anorexia of dietary origin, alcoholic neuritis, neuritis of pregnancy and other neuritides.

Where oral administration is not effective, parenteral use gives prompt and effective response.

VITABEE is rigidly controlled as to purity and potency. Each ampoule and package carries a registered laboratory control number, stamped on for your protection.

SUPPLIED: In tablets, ampoules or vaccine-stoppered vials in a variety of dosage forms to meet individual needs.

Literature on request.



ENDO PRODUCTS, Inc., 395 Fourth Ave., NEW YORK



**To Relieve this
Arthritic Pain**

**TOLYSIN
TOLYSIN plus
PHENACETIN**

Physicians throughout this country use Tolysin and Tolysin Plus Phenacetin as their first step in the treatment of gout, osteoarthritis, sciatica, neuritis, neuralgias, and allied conditions.

Tolysin Plus Phenacetin is especially useful in the large number of cases where immediate relief is uppermost in the patient's mind.

Each Tolysin tablet contains the ethyl ester of 6-methyl-2-phenylquinoline-4-carboxylic acid (neocinchophen U.S.P. XI) grains 5.

Each Tolysin Plus Phenacetin tablet contains Tolysin grains 3½ and Phenacetin (acetophenetidin, U.S.P. XI) grains 1½.

Pharmaceutical Department

**CALCO CHEMICAL DIVISION
AMERICAN CYANAMID COMPANY**

BOUND BROOK, NEW JERSEY



a single hospital! Sounds as though vast stretches of the Nation were choked with teeming hordes of the sick, languishing in open fields.

As a matter of fact, sick people ignore county lines. Many a city is ringed with suburbs which, by whim of the map-maker, lie in different counties. Yet families in these suburbs often find the city more accessible than their own county seat; and city hospitals may be as close to these suburban dwellers as they are to residents of certain portions of the city itself.

If we use a more practical yardstick we get a less exciting result:

An automobile will take you thirty miles in considerably less than an hour. Recalculating on this realistic basis, we find that 128,000,000 of the country's 130,000,000 people are less than an hour's drive from a hospital. And unless they set up a custom house at every county line, that gives us the world's best hospital distribution.



When a physician conceives the idea of modernizing his office—whether with up-to-date floor coverings, new furniture, or a redecorated interior—the first question he asks is:

"Will it pay me to do it?"

Any number of generalities have been put forward to prove that office modernization *does* pay. Yet generalities aren't always convincing. The result is that many physicians whose offices are most in need of refurbishing decide not to make the necessary investment.

No actual facts have yet been gathered on the practice-building potentialities of the modern versus the antiquated medical office. However, a study just completed in the drug-store field is of parallel interest.

This investigation, made by Drugists Circular, compares the annual profit-and-loss statements of twenty-six drug stores before they were modernized (in 1938) and afterwards

MARCH 1940

Compare:

KNOX GELATINE (U.S.P.)	FACTORY-FLAVORED GELATIN DESSERTS
All gelatine.	Only contain 10 to 12% gelatine.
Protein 85%.	Protein 10 to 12%.
pH about 6.0.	pH highly variable.
Absolutely no sugar.	85% sugar average.
No flavoring. No coloring. Odorless. Tasteless. Blends well with practically any food.	Contain flavoring, acid and coloring matter.
Practical for many diets including: diabetic, acute gastric ulcer, convalescent, anorexic, tubercular, colitic, aged, etc.	Contraindicated in diabetic, gastric ulcer and other diets.

Do not confuse KNOX PLAIN (Sparkling) GELATINE (U. S. P.) with inferior grades of gelatine or with pre-flavored, sugar-laden dessert powders. Knox Gelatine contains absolutely no sugar or other substances to cause gas or fermentation. It is manufactured with twenty-one laboratory tests, including rigid bacteriological control to maintain purity and quality. Knox Gelatine is dependable for uniformity and strength. Your hospital will procure it for your patients, if you specify Knox by name.



KNOX GELATINE (U.S.P.) IS PURE GELATINE - NEUTRAL - NO SUGAR

— SEND THIS COUPON FOR USEFUL DIETARY BOOKLETS —

KNOX GELATINE
Johnstown, N.Y., Dept. 448

Please send me **FREE** booklets for the medical profession as checked.

Name _____

Address _____

- THE DIABETIC DIET
- GASTRIC ULCERS
- INFANT FEEDING
- FATIGUE



The Problem of FREQUENT SEDATION over Prolonged Periods

The repeated use of sedative or hypnotic drugs is prone to lead to increased tolerance or habituation, often necessitating the use of larger quantities of medication to produce the same clinical response. With Bromidia this complication is usually not encountered. Its ingredients (potassium bromide, chloral hydrate, and Ext. hyoscyamus) act synergistically, exerting dependable sedation or hypnosis in subtherapeutic quantities. Bromidia may thus be administered over long periods without fear of bromism or appreciable increase in tolerance. Bromidia is an effective sedative in one-half dram quantities; in one or two dram dosages it is a dependable hypnotic.

Literature and sample sent to physicians on request.

BATTLE & CO.
4026 Olive Street
ST. LOUIS, MO.



BROMIDIA
[BATTLE]

(in 1939). It shows that during the year following modernization, the average net profit of the twenty-six stores more than tripled.

An analogy of this kind *proves* nothing. But it does indicate how modernizing a limited number of establishments in one professional field at least paid actual dividends in terms of a larger and more active clientele. It's worth thinking about.



"I didn't know it was loaded."

Speaking from sad experience, a young colleague told us recently that he hadn't realized a certain case he'd been treating was packed with dynamite. But it was. The blast went off. He was sued for malpractice. He didn't have insurance.

Malpractice insurance was one of those things he intended to get some day. But he never got around to it. He lost his case and is now saddled with a debt he'll be lucky to be able to repay within a normal life span.

The time to take out malpractice insurance, as any experienced oldster could have told this victim, is the day before starting practice. For the gun is always loaded. And it's pointed toward those who can least afford to be shot.



In Pittsburgh some years ago a magnificent new post office was opened. During the dedicatory fanfare and speech-making, some inquisitive citizen discovered that the cathedral of communication had everything but a mail slot. Needless to say, word of the slip-up spread promptly through the audience, rocking onlookers with amusement and officials with chagrin. Hastily a green mail box was set up in the lobby, and the speeches continued.

Such trivial oversights are not confined to post offices. They have also attended the erection of Government-financed hospitals. In one such insti-

MARCH 1940



Libby's

SPECIALLY HOMOGENIZED*
BABY FOODS

13 Different Varieties

3 Single Vegetables

Carrots—Spinach—Peas

5 Vegetable Combinations

No. 1 Peas, beets, asparagus

No. 2 Pumpkin, tomato,

green beans

No. 3 Peas, carrots, spinach

No. 9 Peas, spinach, green beans

No. 10 Tomato, carrots, peas

Cereal Combination

No. 4 Evaporated milk,

whole wheat, soya flour

2 Fruit Combinations

No. 5 Prunes, pineapple juice,

lemon juice, apples, apricots

No. 8 Bananas, apples, apricots

2 Soups

No. 6 Vegetables, chicken

livers, barley. No. 7 Vege-

Libby's Homogenized Evaporated

Milk—pure, economical, con-

venient. An ideal milk for babies.

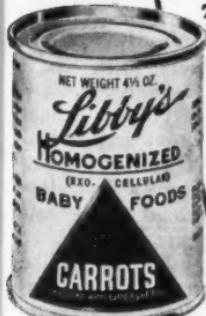
Note: For summary of clinical

and laboratory research on Lib-

by's specially homogenized Baby

Food, write Libby, McNeill &

Libby, Dept. ME-30, Chicago.



*Special homogenization of baby food vegetables, fruits, cereal and soups is an exclusive Libby process that completely breaks up cells, fibers and starch particles, and releases nutriment for easier digestion. U. S. Pat. No. 2037029.

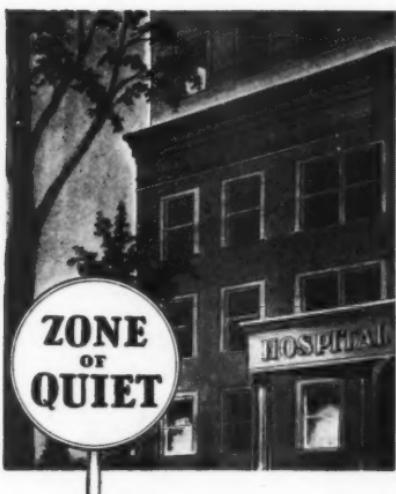
December 30th
(five weeks later)

started
on these
specially
prepared
vegetables

Becoming a common procedure since Libby's specially homogenized* Baby Foods have been accepted for feeding as early as one or two months by the Council on Foods of the American Medical Association.

These carefully selected vegetables, fruits and cereal are extra easy to digest because they are first strained and then specially homogenized*. This exclusive double process makes foods extra smooth, extra fine in texture.

COPR. 1940, LIBBY, MC NEILL & LIBBY



For the Nervous, Restless Patient

When your patient requires a medication that will dull reflexes and encourage mental rest, you can depend on

PENTABROMIDES MERRELL

Pentabromides—the balanced bromide prescription—is a palatable syrup containing 15 grs. of bromide salts per fluidram. Each fluidounce contains bromides of sodium, 64 grs.; of potassium, 20 grs.; of ammonium, 20 grs.; of calcium, 12 grs.; of lithium, 4 grs. Supplied in 16-oz. bottles.

Also available . . . Pentabromides Effervescent Tablets, bottles of 25.

THE WM. S. MERRELL COMPANY

Founded 1828

CINCINNATI, U. S. A.

tution doorways were made too narrow to permit the passage of a bed. Another had no ambulance entrance. In another, the ironer in the laundry occupied so much space that there was no place for the operator to stand.

Much of this slap-happy construction results from the tendency to choose local, politically-favored architects for the work, rather than competent specialists in hospital planning. Still—a Congressman who lands an appropriation for such a project can't blunt the edge of local pride by calling in a hospital consultant from some distant city.

With a paternal Government backing these ventures, therefore, political appointees will continue to convert their inexpert hospital dreams into steel and brick.

And why not? It's no money out of their pockets.



A woman we know told us the other day of having gone to her physician for an early morning metabolism test. Perforce, she arrived at the office as empty as the Grand Canyon. After the test, to allay her hunger, the doctor offered her toast and a cup of coffee.

She was so delighted, and she had obviously told the story so many times before, that it set us thinking.

The physician's chief asset, after all, is the good will of his patients. And as builders of good will, little courtesies such as the one described are hard to beat.

Naturally, not every M.D. has a home-office where toast and coffee are accessible. But the last time a patient got a frog in his throat and started to cough did your Girl Friday—unbidden—see that he got a cool glass of water? Did she attend to the draft blowing down Madame X's neck?

Performing such attentions is like putting money in the bank. And interest paid at this bank, we venture, is at least 100 per cent.

MARCH 1940

Not only for BURNS



In modern minor surgical practice, the antiseptic and soothing properties of Unguentine are not limited to the treatment of burns.

- 1 *Unguentine contains Parahydrecin—antiseptic, germicidal, non-toxic, non-irritating, and effective in the presence of serum and organic matter.*
- 2 *Unguentine is analgesic and antiphlogistic—with a soothing local anesthetic effect that quickly helps relieve the pain of lacerations and other denuded lesions of the skin, as well as burns.*
- 3 *Unguentine conforms to the modern concept of a useful surgical dressing—neither dry nor wet—adaptable to sustained soothing contact with the injured area.*

Samples free to physicians on request

THE NORWICH PHARMACAL CO.
BOX ME-3 NORWICH, N. Y.



Unguentine



Put the Bowel BACK ON SCHEDULE

Temporary expedients usually fail to prove *corrective* in the treatment of chronic constipation.

For this reason the physician aims at restoring the natural regular response by a *course* of regu-lative treatment.

The three forms of Kondremul (Chondrus Emulsion) offer effec-

tive aids to your corrective regimen as follows:

Initial Medication For the Obstinate Case

KONDREMUL WITH PHENOLPHTHALEIN—contains 2.2 gr. phenolphthalein per tablespoonful of Kondremul.

For Milder Cases (The Atonic Bowel)

KONDREMUL WITH EXTRACT OF CASCARA—a pleasant and stable emulsion containing non-bitter extract of cascara.

For Simple Regulation

KONDREMUL PLAIN—a palatable emulsion containing 55% mineral oil in which Irish Moss (chondrus crispus) is used as an emulsifying agent.

**THE E. L. PATCH COMPANY
Boston Mass.**



THE E. L. PATCH COMPANY Dept. M.E. 3
Stoneham P. O., Boston, Mass.

Gentlemen: Please send me clinical trial bottle of

- KONDREMUL (Plain)
- KONDREMUL (with Phenolphthalein)
- KONDREMUL (with extract of Cascara)

(Mark preference)

Dr.

Address

City

State

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

MARCH 1940

These Tests Show the Comparative Antiseptic Value of OINTMENT QUINOLOR COMPOUND SQUIBB



1. Squibb Antiseptic Ointment (which contains Quinolor)
2. Oint. of Bor. Acid U.S.P.
3. Oint. of Yellow Mercury Oxide U.S.P.
4. Oint. of Phenol U.S.P.
5. Squibb Quinolor Oint.
6. Oint. of Zinc Ox. U.S.P.
7. Oint. of Pine Tar U.S.P.
8. Ointment of Sulfur U.S.P.

THE photographs shown above demonstrate the very satisfactory antiseptic activity of Ointment Quinolor Compound (and also of Antiseptic Ointment Squibb, another product containing quinolor). The F.D.A. Agar Cup Plate Method was used in testing the inhibitory properties of eight ointments against *Staphylococcus aureus*. The photographs of the results of the test show clearly that quinolor-containing compounds are definitely more active than the official ointments with which they were compared.

What Does Ointment Quinolor Compound Contain?

Ointment Quinolor* Compound contains 10 per cent benzoyl peroxide and 0.5 per cent Quinolor (compound chlor hydroxy quinolin) in a base consisting of equal parts of white petrolatum and deodorized, anhydrous lanolin. Benzoyl peroxide was chosen as an ingredient because comparative tests made at the University of California¹ indicated that it possesses the property of promoting tissue repair.

Useful in Sycosis Vulgaris

Whitehead² states that Ointment Quinolor Compound is "by far the most important remedy that has been added to our therapeutic armamentarium for sycosis in years." Peck³ and Percival⁴ also have reported successful results.

Other Indications

Ointment Quinolor Compound may be used especially for the treatment of tinea sycosis. Applied to superficial lesions it forms an antiseptic dressing. Its antiseptic action continues over a considerable period of time.

Send for a Trial Sample

Ointment Quinolor Compound is supplied in 1-ounce tubes and in 50-gram and 1-lb. jars. We shall be pleased to send you a generous trial tube and literature without cost. Use the coupon below.

* Quinolor is a trade-mark of E. R. Squibb & Sons.
1 Lyon, R. A., and Reynolds, T. E.: *Proc. Soc. Exper. Biol. & Med.* 27:122, 1929.
2 Whitehead, Wm. D.: *Penn. M. J.* 42:1193 (June), 1939.
3 Peck, Samuel, M.: *Arch. Dermatol. & Syph.* 29:456-57, 1934.
4 Percival, G. H.: *Practitioner* 142:55, 1939.

E·R·SQUIBB & SONS
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

NEW YORK

E. R. SQUIBB & SONS
Professional Service Department
745 Fifth Avenue, New York, N. Y.

ME 3

Attached hereto is my professional card or letterhead. Please send me, without obligation, literature and sample of Ointment Quinolor Compound.

Name

Street

City..... State.....

The Alkaline and Analgesic factors in treatment of the Common Cold

MEDICAL literature abounds—especially during cold and influenza epidemics—with reference to the importance of Two Factors which are of value as adjunctive treatment. These factors are the administration of alkalies together with an analgesic-antipyretic drug.

While there has been no very adequate physiological explanation for this, mass evidence definitely indicates a favorable reaction from the administration of this combination of medications.

For the routine home treatment of the uncomplicated Common Cold, ALKA-SELTZER is recommended because it provides:

- (1) Effective analgesia and antipyrexia with sodium acetylsalicylate.
- (2) Alkali buffers—sodium citrate and sodium bicarbonate—which guard the effectiveness of the acetylsalicylate, hasten absorption, and speed the clinical end results.

Each dry tablet contains:

Citric Acid, Pwd., U.S.P.....	18 grains
Sodium Bicarbonate.....	31 grains
Mono Calcium Phosphate.....	3 grains
Aspirin, Pwd.....	5 grains

Tablet in water becomes:

Sodium Acetylsalicylate	5.61 grains (approx.)
Sodium Citrate.....	22.1 grains (approx.)
	(Calculated as anhydrous salt)
Sodium Bicarbonate.....	3.0 grains (approx.)
Mono Calcium Phosphate	3.0 grains (approx.)

Miles Laboratories, Inc.

OFFICES AND LABORATORIES: ELKHART, INDIANA

SPECIFY THE
CORRECT
SUSPENSORY
FOR YOUR
PATIENT'S NEED



SELF-ADJUSTING TYPE

J. P. 45 Suspensory

J. P. 53 Suspensory

For Slender Men—elastic strip in yoke for self-adjustment. Pouch is suspended from sides, providing a correct upward pull. Non-elastic waistband. No understraps.



When prescribing, physicians should specify the exact type and size to assure the correct suspensor for the patient.

There are other types of Johnson & Johnson Suspensors for individual needs.

All Johnson & Johnson Suspensors are made under exacting conditions to meet physicians' requirements.

Your druggist can fill your suspensor prescriptions:

["PHYSICIANS' SUSPENSORY GUIDE"]

A helpful reference book sent upon request.

Johnson & Johnson

NEW BRUNSWICK, N. J.

CHICAGO, ILL.

THE COMPLETE VITAMIN B COMPLEX FOR MAXIMUM THERAPEUTIC EFFICACY



PLUS READILY UTILIZED IRON

Recent studies have again confirmed the frequent clinical finding that the administration of the entire vitamin B complex produces better results than do its components when given singly. Cerelexin Compound Tablets, made from liver and medicinal strains of yeast, contain all the known factors of the vitamin B complex, together with readily utilized iron. Each tablet provides, in addition to the other components of the B complex, vitamin B₁, 80 International units; vitamin G (B₂), 25 Sherman units; and iron, approximately 10 mg. Cerelexin is indicated as a dietary supplement to protect against vitamin B complex

deficiency, and in the treatment of peripheral neuritis, alcoholic neuritis, and for use in subclinical deficiency characterized by gastrointestinal disorders, anorexia, and malnutrition.

Cerelexin Syrup, (without added iron) contains 300 International units vitamin B₁ and 80 Sherman units vitamin G (B₂) per ounce, and is especially suitable for children and for adults who have difficulty in swallowing tablets. *Cerelexin Compound Tablets are available in bottles of 50 and 200, and Cerelexin Syrup in 3 ounce and 8 ounce bottles through all pharmacies.*



THE UPJOHN COMPANY

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KALAMAZOO, MICHIGAN

TABLETS AND SYRUP

CERELEXIN* COMPOUND

*Trademark Reg. U. S. Pat. Off.

System in fee-setting

Some practical pointers designed to add flexibility to your fee schedule

BY J. A. WHITE, M.D.

Other professions do not envy physicians their fee system. Artists and writers, perhaps, are handicapped in the same way; like doctors, they must rule out a cost-plus basis for setting a price on their work. But even artists deal in something more tangible than pure "service."

Nevertheless, successful physicians have long been guided by practical considerations in reducing service to dollars and cents. Let's examine these elements of an M.D.'s fee schedule.

First determinant of the fee is community habit. Take an area where most G.P.'s ask \$3 a visit. If one practitioner suddenly started charging \$5, word would spread that he is "expensive"; the rank-and-file of the community from which he draws his chief support would be likely to desert him. Should he charge \$2, colleagues would frown—and patients would look for the evidences of haste or carelessness supposed to go with "cheap" services.

Community custom, then, is one very practical determinant of the fee schedule. What are some others?

Talking with many successful men, MEDICAL ECONOMICS' representatives find that the systematic general practitioner has a set of three basic fees: one for an office call; one for a house visit; one for

a night call. While these are not immutable, experience dictates that any deviation from the base fee should be consciously made, recognized as a deviation, and so recorded.

For instance, your base fee for a night call may be \$5. Should some special circumstance (e.g., distance, weather, time, or your relationship with the patient) lead you to ask instead a \$3 fee or a \$10 fee, you will be wise to make some memorandum as to the reason for this departure. Otherwise, there may be breakers ahead when patients gossip about medical bills.

The same is true where the physician has no set fee for a house call. Sometimes he will ask for \$5, sometimes \$3. If factors determining that fee are too flexible, and are not readily apparent to patients, the doctor is letting himself in for embarrassment sooner or later.

When is a reduced fee in order? Consensus of opinion justifies a reduced fee when:

1. The patient can't afford a full fee or series of fees, yet is not clinic material;
2. When a series of routine services (injections, ultra-violet treatments, etc.) is being rendered by a nurse or office assistant;
3. When treatment or advice is

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incident to service to another member of the family;

4. When visits are needed several times a week, and special arrangements can be made; and

5. When the visits are secondary to an operation or delivery.

What to do for those patients in low-income groups who simply can't afford full fees?

One astute practitioner charges the regular fee for every *alternate* visit, rather than half-rates at each visit. Suppose the base fee is \$3, and two visits a week are indicated. The patient in this case cannot afford \$6 a week. The doctor then asks \$3 for each alternate service and gives the intermediate visit gratis, instead of accepting \$1.50 per call.

This sounds like six of one and a half dozen of another. But the distinction is psychologically sound. It is easy to picture the patient who has been granted the \$1.50 rate telling her neighbor: "You ought to go to my doctor. He says his fee is \$3; but between you and me, he'll take \$1.50."

Giving every second service gratis emphasizes the physician's willingness to help the patient, *without* undermining his standards. This is about as far as he can go. Other than by some such arrangement, the doctor can handle low-income patients only on a frankly philanthropic basis or through some sort of budgeting service.

Patients who need daily massages, hypodermic injections, electrotherapy, and similar services will often balk at a full fee for each treatment. This presents a knotty problem. The physician may not feel able to lower his standards to the point of giving complete med-

ical service at, say, \$1 a visit. Yet the patient may not be able to pay \$10 or \$20 a week.

Most satisfactory solution is to have the nurse or office assistant give the treatments at a reduced fee. The physician interviews, checks, and re-examines the patient periodically at the usual full rate. His status is not jeopardized if a sub-standard charge is made for services performed by an office assistant. On the contrary, this tends to spotlight the superior value of the M.D.'s personal attention.

Sometimes a doctor attends one member of a family and incidentally examines or treats another for some minor complaint. To ask two full fees suggests that the doctor is unreasonably fee-conscious. A charge for this double service only a fraction greater than the standard rate is justified under the circumstances. If you are yourself unreasonably imposed upon, firmly request that the second patient call at your office. This justifies a second full fee.

Fees for dressings, post-operative calls, post-partum attention, and the like should be settled when the operation or delivery is scheduled. Otherwise, misunderstandings may result. Patients often expect the operation or delivery fee to include these follow-up visits. It's a rude shock to learn they are "extras."

Frequently, an early accord can be reached on a basis advantageous to both physician and patient. For example there is the experience of one M.D., cited in MEDICAL ECONOMICS, who finds it effective to give post-partum visits gratis as a bonus to the patients making cash payment by the time of delivery. He charges regular visit rates to those

who make deferred payments. In any case, however, a clear understanding is fundamental.

Deviation from the fee base, of course, may be "up" as well as "down." Demanding more from a wealthier patient is a custom woven strongly into the pattern of medical practice. Courts generally agree that "the financial condition of a patient is an element that may be assumed to enter the implications of a contract for medical service."*

Justification of this practice rests not on legal rulings, however, but on two other grounds. First, since the M.D. accepts smaller fees—even none at all—from poorer patients, it seems only fair to ask the wealthier ones (who can afford it better than the doctor) to help. Second, wealthier patients demand more service and attention, and are more exacting and critical than their humbler fellow citizens. They are often as slow to meet their medical bills. What's more, many wealthy patients are actually insulted at being asked for a mere \$3 or \$5 fee. In their eyes, this stamps the service as cheap.

Practitioners are justified in setting higher fees for special services. For example, making out commitment papers is more than a routine visit. It is time-consuming; it places the doctor's opinion at the disposal of the State; it requires an affidavit; it carries a heavy responsibility.

Again, reviewing records to col-

lect data for somebody's insurance blank is a special service. Making an appointment at an odd hour or on a holiday to suit the whims of a patient is another example. Going to court; testifying; summoning and conferring with a family group; consulting with the patient's attorney; going to sanitaria or hospitals at a distance from the office—these are all special services for which an additional fee should ordinarily be demanded.

Then there is the matter of special fee schedules. It is not uncommon for doctors to charge a fixed total amount for treatment of an acute disease, rather than billing at so much per visit. A pneumonia patient may be booked the way a surgeon charges for an operation: a fixed flat rate for the case. This allows the doctor to call as often as necessary without anyone thinking that he is trying to pad bills.

Certain neurotics who demand hours of the doctor's time, and resent being squeezed between two other attention-demanding patients, may be asked to come at a special time and to pay so much an hour. Group fee schedules may be adopted for treatments in a series—as for example the course for a venereal disease, or a set of X-ray treatments for carcinoma.

A final word: System in fee-setting is bound to have its limitations. There is one feasible objective, however: Don't let the limitations dominate the system.

[*EDITORS' NOTE: We invite you to submit your own practical ideas on the problem raised by Dr. White. Writers of letters accepted for publication will be given their choice of any current, single-volume best-seller.]*

*Among others, the following cases support the courts' agreement with this principle: *Mount vs. Riechers*, 18 Pacific (2nd) 335; *Caulk vs. Anderson*, 37 Southwest (2nd) 1008; *Pfeiffer vs. Dyer*, 145 Atlantic 284; *Young vs. Von Schoeler*, 91 Southern 551; *Schoenberg vs. Rose*, 145 New York Supplement, 831.

YOUR PRACTICE . . .

How does it compare with others?

To find out, fill in and mail the reply postcard enclosed with the February issue of MEDICAL ECONOMICS. The questionnaire portion of the card is reproduced at the right.

Last month, we announced MEDICAL ECONOMICS' 1940 Survey of Medical Practice—the most comprehensive study of its kind ever undertaken. This month, we repeat the invitation to participate. If you have not already returned your card, please do so at once. Among other things, the survey will show how much the average American physician earns . . . what he spends on rent, equipment, automobile upkeep, and other items of overhead . . . how much he saves . . . what percentage of his accounts he collects . . . what investment he has in equipment . . . what kind of an office he occupies . . . how many hours he works and how many patients he sees each day. These facts, further analyzed in relation to population, specialty, geographic area, and other variables, will be of practical value to you and every other M.D. in the United States. All through the year, you will read and profit by articles based on this survey. It is being made for your benefit. Remember, too—you need not sign your name. **YOUR ANONYMITY IS GUARANTEED.** Information submitted by you will be used in tabular and composite form only. No postage is required. After filling in the card, simply seal and mail—today, please!

To make possible the Survey of Medical Practice, I contribute the following facts and estimates. It is understood that I can not be identified by filling out this card.



- (a) My GROSS income from PRACTICE in 1939 totaled \$ _____.
- (b) My professional expenses in 1939 totaled \$ _____.
 - (c) Rent \$ _____.
 - (d) Office salaries \$ _____.
 - (e) Auto upkeep \$ _____.
 - (f) Drugs & supplies \$ _____.
 - (g) Instruments, apparatus, and equipment \$ _____.
- (h) My NET income from PRACTICE in 1939 totaled \$ _____.
- (i) My NET income from all other sources in 1939 totaled \$ _____.
- (j) I collected _____ % of my accounts in 1939.
- (k) My total investment in professional equipment is \$ _____.
- (l) In 1939, I saved \$ _____.
- (m) I devote about _____ hours a day to my practice.
- (n) I see about _____ patients a day.
- (o) I dispense about _____ % of all medicines for my patients.
- (p) I have been in practice about _____ years.
- (q) I am a G.P.; partial specialist in _____; full specialist in _____;
- (r) The population of the area I practice in is about _____.
- (s) I share offices _____; I do not share offices _____.
- (t) I practice in a home-office _____; professional bldg. _____; or _____.
- (u) I spent _____ years in college, medical school, & intern training.
I dispense { more than _____; less than _____; same as _____ } five years ago.

If you cannot answer all the questions, please answer as many as possible. If exact figures are not available, please give estimates.

If you do not have a survey card to fill out, we'll gladly send you one on request. Or you can write your answers on the blank above and mail it in a regular envelope.



Letters to a doctor's secretary

7. THE DOCTOR'S CORRESPONDENCE

• [This is the seventh in a series of revealing letters written by a doctor's assistant to the girl who took her place when she left to be married. The series constitutes a valuable training course in professional office procedure.—THE EDITORS]

Dear Mary:

In my letter on blueprinting your day, I listed the duty of "opening the mail and disposing of it through the proper channels." I now want to enlarge upon that.

In no type of office is answering the mail more important than in a doctor's. In none is it more often neglected and improperly performed.

If you wish an almost faultless example to follow, take note of the letters Dr. Barrie receives from members of the Mayo Clinic. To begin with, if you write them a letter, you may depend upon their answering it the day it is received. It will be answered fully and courteously. It will be written on a fine quality

of engraved white stationery. It will be correctly and artistically spaced on the page. The typing will be even and clean cut. It will be signed by the doctor from whose department it comes, not by his secretary. In sixteen years of rather frequent correspondence with members of this clinic, I never saw an erasure or a misspelled word in one of their letters.

A pretty high standard? Yes. But why not? You are proud of your doctor and his work. It is up to you to see that every scrap of correspondence going out from your office bears the imprint of perfection—symbolic of its source.

Suppose we now go through a large batch of mail together, just as though I were there beside you. And suppose it contains just about every species Dr. Barrie ever receives.

As you open the mail you separate it into small stacks according to subject matter.

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In the first stack are checks and money orders and all letters dealing with questions of fees or collections.

We enter in the ledger under "cash received" the various names and amounts. We endorse the checks and money orders with the doctor's rubber stamp, list them on a bank deposit slip in the order in which they are entered in the ledger (making a carbon copy), and put them safely away until it's time to go to the bank.

If there's a return address on an envelope we compare it with the one on the patient's ledger card. If he's moved we note the new address on the card. If the payer is one whose willingness or ability to make further payments are under the slightest doubt, we also note on his card the name of his bank. (It isn't a bad idea to do this in every case.)

We then make out receipts for all patients who have sent in routine payments. Many offices don't mail receipts for checks, but I beg you not to neglect it—for two good reasons: It gives the patient the feeling that his payments are appreciated. It shows him how much (if any) he still owes.

A kindly personal note is written to anyone whose payment is at all unusual, or whose payment is accompanied by a letter. Examples:

Dear Mr. Gardener:

Thank you kindly for your \$200 check in full payment of your wife's account.

Thank you, too, for your gracious letter of appreciation. It means more to me than I can tell you.

Mrs. Gardener was a delightful patient, and it was a real pleasure

to be able to aid in her recovery.

My kindest regards to you both.

Sincerely,

Dear Miss Jenkins:

Thank you for your note received this morning, and for your payment of \$2.50. It has been credited to your account, leaving a balance of \$32.50.

I'm extremely sorry to hear you have been out of work so long, and doubly appreciate your payment for that reason.

Anyone so deserving will soon find fitting employment, I feel sure. Until then please be assured that the reduction of your monthly payments from \$10 to \$2.50 is perfectly acceptable to me.

With best wishes, I am

Sincerely yours,

Dear Mrs. Aldrich:

Thank you for your check for \$25. This is the fourth and final payment on your account of \$100. Receipt in full is enclosed.

Let me take this opportunity to tell you that I appreciate both the promptness and regularity with which your payments have always been made.

With kindest regards and best wishes . . .

Sincerely yours,

Dear Mr. Davis:

Your letter asking that we reduce our fee for professional services from \$25 to \$15 has been received.

We thank you for being so frank about your situation and for explaining it so fully. However, we were aware of the facts and carefully took them into consideration before setting the fee.

We feel that \$25 is a fair charge, considering not only your financial

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circumstances but the gravity of the condition treated and the scale of fees observed by other local physicians. We are therefore re-enclosing our bill for \$25, with the assurance, however, that we shall be glad to allow you three months in which to pay.

Cordially yours,

You see, Mary, the idea is that we want to write as many letters—not as few—as possible.

Each one must be aimed individually. Form letters have little place in a doctor's office. The man who has paid a large fee, the woman who has struggled to pay a small one, like to be thanked and appreciated. Our letters are an excellent public relations activity, and they create untold good will.

You may have noticed that through all my instruction to you there runs a stream of what might be called economic consciousness. This is true, and it calls for no apology. Much of your value to Dr. Barrie lies in the vigilance with which you nurture his financial interests and the sources from which they flow. If *you* are expert and never-failing in this regard, *he* doesn't need to be. Consequently, his mind is left free for the professional aspects of his practice and he is able to increase his usefulness to humanity in proportion.

But to get back to our letters:

Learn how to compose and write them yourself. For here's one excellent way in which you can save the doctor's time.

Out-and-out collection letters are, with few exceptions, the only ones that bear your own signature. Dr. Barrie's name should appear on vir-

tually all others. Naturally, a carbon copy of every letter is made for the files.

In the second pile of mail we find two letters from doctors requesting information about patients who have been operated on by Dr. Barrie, plus a note from a patient asking that an enclosed insurance blank be filled out. We get these three patients' records out of the files, type a résumé of the first two in duplicate, and write a short friendly letter to each of the doctors. From the third record we fill out the insurance blank, making a copy for reference, and write a nice note to the patient.

In the next batch are several announcements from physicians who have opened new offices, and a number of reprints from other doctors. A short, but very personal and appreciative note is written to each, congratulating or thanking him, as the case may be. Be careful to address the doctor by his first name, if he is a personal friend. Examples:

Dear Roy:

Your handsome announcement was in my mail this morning. I want to congratulate you on your move and tell you I believe it will be greatly to your advantage.

At the first opportunity I shall give myself the pleasure of dropping in to admire the new office. Meanwhile, my best wishes for ever-increasing success in your new location!

Cordially yours,

In the next division of our mail we find a number of solicitations for charities. Don't just throw them in the wastebasket. Some may be from people who know Dr. Barrie socially, or from past or potential

patients. And, too, most of them represent worthy causes, wholly deserving of courtesy. Any man, however, whose income is well regulated, has his charitable donations thoughtfully budgeted, and does not give indiscriminately on the strength of an eloquent plea. In other words, Dr. Barrie should no more scatter his fire in this particular than he should try to practice six specialties. Your refusal to these pleas, therefore, should be something like this:

Dear Mrs. Brownleigh:

Your very interesting letter in regard to maintenance funds for the "Kiddies' Kookie Krock" has been received.

While we fully realize the worthiness of your request, we are obliged to decline membership at this time since Dr. Barrie's heavy budget for

charitable institutions has already been allocated for the year.

With best wishes for your success, I am

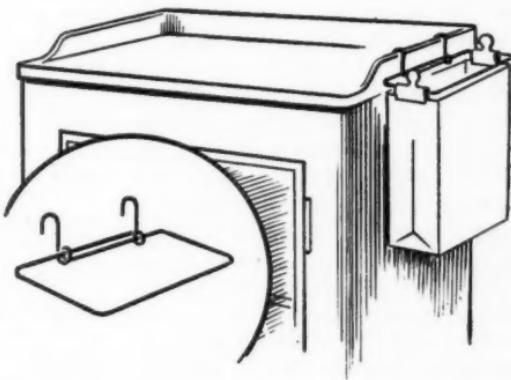
Sincerely yours,
Secretary to Dr. William Barrie.

The refusal to a begging letter is another of the few instances where you should, for obvious reasons, use your own signature.

The next stack of mail is from relatives and personal friends. This you leave for the doctor or his wife to answer; although, before long, Dr. Barrie will probably be saying to you, "Here, *you* answer this letter from Johnnie. Tell him so and so . . . and so and so." Then it'll be up to you to frame his brief remarks into a letter of which the recipient will say, "Now, doesn't that sound just like Bill?"

In the next bunch—which often

Handy waste receptacle



•This useful catch-all for waste materials represents only five minutes' work with a coat-hanger and a pair of wire-cutting pliers.

Any unpainted hanger of galvanized wire—which is rust-resistant—will do. The twisted, hook part of the wire is snipped off; the rest bent into a rectangle. Doubled along one of its

sides, this leaves enough overlap to form supporting hooks. The frame may then be attached to any treatment stand or wall.

The drawing shows a frame $6\frac{1}{2}$ " x $4\frac{1}{2}$ "—a size which takes a No. 8 paper bag. Two spring-type clips attach the sack to the frame.—JOHN E. BURCH, M.D., Miami, Fla.

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seems largest of all—are bills. All that lie within your jurisdiction, such as those for laundry or office supplies, are checked over carefully with the invoice to see that they are correct. All Dr. Barrie's personal bills are placed on his desk for approval.

When bills have been O.K.'d by you or by him they are put away in a drawer reserved for that purpose, until the tenth of the month. No matter on what date they arrive, *all* bills, large or small, are paid by *check* on the tenth.

The last pile of mail contains advertisements. If they're of possible interest, you show them to the doctor and find out which ones he wants you to follow up for samples and literature.

After all outgoing letters have been perfectly typed and spaced, they are placed in a neat pile on Dr. Barrie's desk for his inspection and signature. You are then ready to go on with the next division of your work.

Later in the day there may be other letters—thanking doctors for referring patients, reporting on these patients, etc.—but they will not vary greatly from the types already discussed. Obviously, all letters describing actual treatment or surgical procedure must be dictated by the doctor himself.

Every letter that leaves the office should be signed either by the doctor or by you. No halfway measures. I mean, never resort to the common practice of signing his name and adding your initials. This says as plainly as though Dr. Barrie has spoken, "This letter is from me to you, but you are not of enough importance for me to take time to read it and sign it."

When the subject matter of a letter is something properly dealt with by the secretary (*e.g.*, collections), it should be written by you in the first person and signed with your full name over the line, "Secretary to Dr. William Barrie." All other letters should appear to have been written by Dr. Barrie in the first person, and should be signed by him. Even if, when rushed, he should tell you to sign his mail yourself, you must copy his signature as closely as possible and leave off your own initials.

In all these letters which you compose, don't be afraid to let yourself go. The more style and originality they show, the better. If the doctor doesn't like them, he won't hesitate to say so, and will dictate others. These you must study so as to absorb thoroughly his ideas, reactions, and style. Not until you have done this can you be called a SECRETARY in the true sense of that much misused word.

Yours as ever,

Myrna Chase

Dental authorities estimate that the value of the gold in America's teeth is approximately five hundred million dollars. Which is more than most countries can boast of as their entire gold stock.

Nobody called it unethical advertising when Dr. Joshua Gilbert, "Atlanta's first physician," blew a whistle to attract patients as he rode on horseback through the streets of the Georgia capital.

If the Government chooses to be strict about it, you can be fined \$100 or jailed for six months upon conviction of refusal to answer any question asked by the census enumerator when he starts his rounds April 1. Wrong information given in answer to a question may entail a maximum penalty of \$500 fine or imprisonment for one year.



M.D.'s prepay own hospital bills

1,850 members of the Chicago Medical Society now enjoy liberal coverage for a \$10 annual premium



One day early last summer the Chicago Medical Society authorized a local insurance analyst to make a survey of its membership. What society leaders had in mind was a group hospitalization plan, specially designed to their members' needs.

They got it.

Today, 1,850 C.M.S. physicians are parties to a group contract placed with a large legal reserve insurance company. The insurance is underwritten commercially, allowing a profit to the company. But M.D.-subscribers nevertheless enjoy greater benefits at less cost than under any previously available plan.

To wit:

For an individual yearly premium of \$10, expenses incurred in any licensed hospital or sanitarium will be paid, at the rate of \$6 a day, for up to ninety-one days in each claim. Up to age 60, no limitation is

placed on the number of claims allowable annually. A subscriber aged 60 or over is allowed but one claim yearly; at 70, coverage expires. In addition, the company will pay up to \$30 for incidental hospital expenses (e.g., drugs, X-rays) incurred with each claim.

All this amounts to a total maximum payment of \$576 for each period of hospitalization.

Better still is this provision: Regardless of the type of illness, disease, or accident that lands the subscriber in the hospital, his claim will be honored. Of course, injuries covered by the Workmen's Compensation Act are not covered. And claims of women members for obstetrical care are not allowable during the first ten months after signing. But there are absolutely no other exceptions.

The story doesn't end there. The group contract even includes a par-

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ticipating agreement permitting a refund to the Chicago Medical Society, based on the ratio of claims to premiums. Hence any excess profit remaining when the policy comes up for renewal at the end of the year will go back into the pockets of individual subscribers. Thus far, claims are running about 15 per cent lower than had been expected.

Before all this could happen, 1,600 members (40 per cent) of the society, had to agree to sign. A purely voluntary arrangement, the insurance was offered to all the society's physicians.

Members of the original group were accepted without regard to their physical condition at or previous to the time of signing. Late joiners, however, are required to fill out forms showing satisfactory evidence of insurability.

All this for \$10? It may sound as though someone has crawled out on a very long limb. Particularly since a number of non-profit hospitalization groups have been plagued with financial troubles.

The answer is to be found in the care with which the risk involved was analyzed. Plus the fact that all selling and much of the overhead costs were eliminated at the start.

Insurance analyst Enoch J. Brand drew up the contract which the C.M.S. accepted. His fee: a small per cent of the gross premium. Then, as the society's representative, he placed the insurance with an old-line life insurance firm which underwrites a number of similar plans for various employee groups.

Thus there was no selling cost. Nor must the company foot the bill for premium collections; the insured physicians pay the society, which hands over a lump sum to

the company. Since no type of illness is excepted, there is no claim-adjustment or investigating expense involved.

These factors weigh heavily in keeping down the premium cost. But there are still other reasons. First is the fact that society membership is very largely male; if it were not, rates would be higher due to the greater risk of insuring females. Second, is the relatively large size of the group. Third, is the availability of good medical care in the immediate area.

It is true that doctors have higher morbidity rates. Long hours, exposure, and over-work make them a greater prey to illness than other groups. Offsetting this, however, are the better diet, living conditions, etc., which physicians as a preferred economic group enjoy. The company also reckons that doctors, because they seek better care sooner, spend less time in hospital beds.

In large measure, the framework of the Chicago plan is adaptable to any sizeable medical group. Of course, a careful analysis of the risks peculiar to any group is a prerequisite to securing insurance on a sound actuarial basis. Morbidity rates vary with different localities. Groups situated in more sparsely settled areas unable to command the latest in medical facilities could hardly be insured at as low a premium as the Chicago group. But these differences by no means blunt the plan's many strong points.

In fact, the idea is already spreading. At this writing, it was reported that the Mississippi Valley Medical Society has launched a similar contract for its members through the same channels as the C.M.S.

—PATRICK O'SHEEL

Prelude to June

The former Northwest Regional Conference—now the National Conference on Medical Service—has assumed new significance as well as a new name. Ample evidence of this is seen in the growth of the organization since it took its first breath in the late 20's.

Certain A.M.A. officials in Chicago are said to have originally disapproved the conference and to have stymied the mobilization of similar units in other parts of the country. The medical-economic issues raised by the group were of such burning importance, however, that it threatened to develop of its own volition and in spite of any pot shots taken at it. As a result, opponents of the conference were finally forced to do a right-about-face, bestowing their tacit approval after an understanding had been reached that the body would engage in no resolution-passing.

Today the A.M.A. recognizes both the need and the vital nature of the conference. Although all delegates present at its fourteenth annual meeting on February 11 were there in an unofficial capacity, the fact remains that many are also delegates of the A.M.A.

The one-day session featured

several round-table discussions. A number of men outlined the economic activities of their State and county medical societies. In addition, there was a planned schedule of addresses dealing with such topics as the national health program in Washington, group hospitalization in New York, a medical welfare program for the average community, and various forms of Federal paternalism in the forty-eight States.

The conference has always been conducted on an informal basis. There are no by-laws, dues, or registration fees. It exists solely for the exchange of medical-economic ideas among physicians.

The meeting last month was particularly illuminating. It provided a common meeting ground for many leaders of the profession. Some have likened it, in effect, to an *ad interim* session of the House of Delegates, recommended in these pages last November.

Be that as it may, the conference served as an excellent preliminary for the A.M.A. convention next June. It is to be hoped that concrete results will follow in its wake.

H. Sheridan Bakstel



JOHN C. DODD, ARCHITECT

★ In an effort to evolve plans for a model doctor's office, an experimental building was described in December MEDICAL ECONOMICS under the title, "A One-Man Office for \$3,700." Readers were invited to make suggestions for its improvement, thus helping develop a small medical building which might serve as a goal for all.

Among the most carefully thought out recommendations were those submitted by Dr. Sherman J. Deur, of Lake View, Iowa. They are presented here with slight technical modifications by John C. Dodd.

MEDICAL ECONOMICS' architectural consultant.

"These are the results of my fling at architecture," Dr. Deur wrote. I have enlarged your one-man office and substantially increased the cost; but for many men situated as I am, the additional expenditure should be well worth while."

As can be seen by referring to the original and revised floor plans (following spread), Dr. Deur has increased the width of the building from 39 feet to 42 feet. He has increased the depth from 25 feet to 27½ feet. At the same time, he has slightly reduced the size of a number of the rooms.

Result: There are now an extra

Medical Office

With improvements by
Sherman J. Deur, M.D.

examination and treatment room, an X-ray room, two additional closets, a second toilet (adjoining the consultation room), and a combination laboratory and drug room instead of a laboratory alone.

The original plans published in December called for 13,233 cubic feet of space. Twenty-eight cents per cubic foot was estimated as being a reasonably typical construction price. Hence, the cost of the office (excluding the lot) was figured at \$3,700.

Even during the past three months, however, construction costs have gone up. A safer figure now would be 30 cents per cubic foot. This jumps the price of the original building to about \$3,970.

But what about the building based on the revised plans? This calls for 18,000 cubic feet. At 30 cents per cubic foot its cost would be in the neighborhood of \$5,400.

Comparison of the original and revised floor plans shows Dr. Deur's recommended changes in detail. These include: A private doorway for the physician, providing a convenient exit to the parking space at the rear of the building.

Another rear doorway, from the main treatment room, permitting easy access for emergency cases without any risk of disturbing or tracking up the rest of the office.

An auxiliary treatment room for eye, ear, nose, and throat work and for the many minor ailments which would not require use of the main treatment room. (The extra space this room affords would be especially convenient in accident cases when more than one patient required care at the same time, Dr. Deur believes. Even in non-accident cases, he adds, it would facilitate the flow of traffic through the office since the nurse could be preparing a patient in one treatment room while the physician was working on someone else in the other.)

A closet in each treatment room with ample space for linens and supplies.

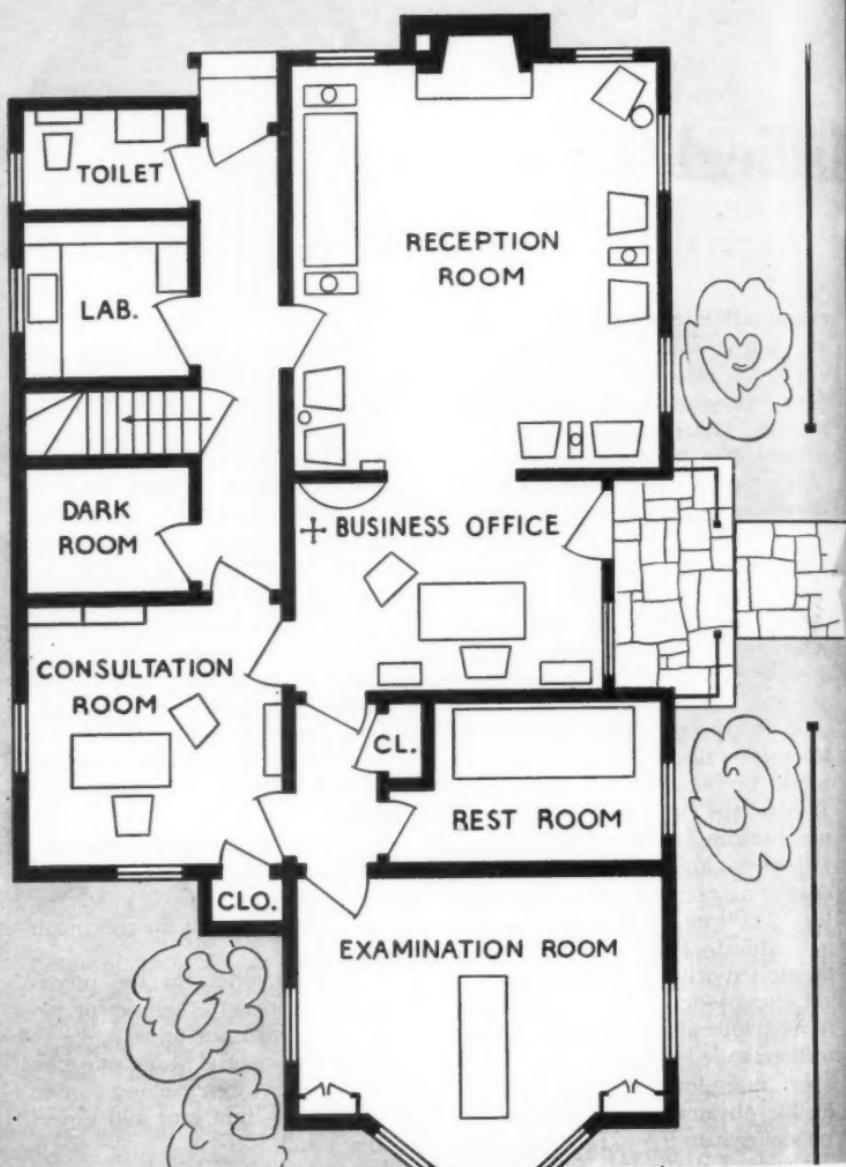
An extra-large closet in the laboratory and drug room for bottles, gallon goods, etc.

An X-ray room off the treatment room.

A private toilet for the physician, in addition to the one for patients and office personnel.

Glass-block walls along one side of the hallway, to serve as a source of additional light and add a decorative touch.

A combination drug room and laboratory (specified by Dr. Deur because "in these parts where physicians dispense most of their own medicines, a fairly large drug room is essential").

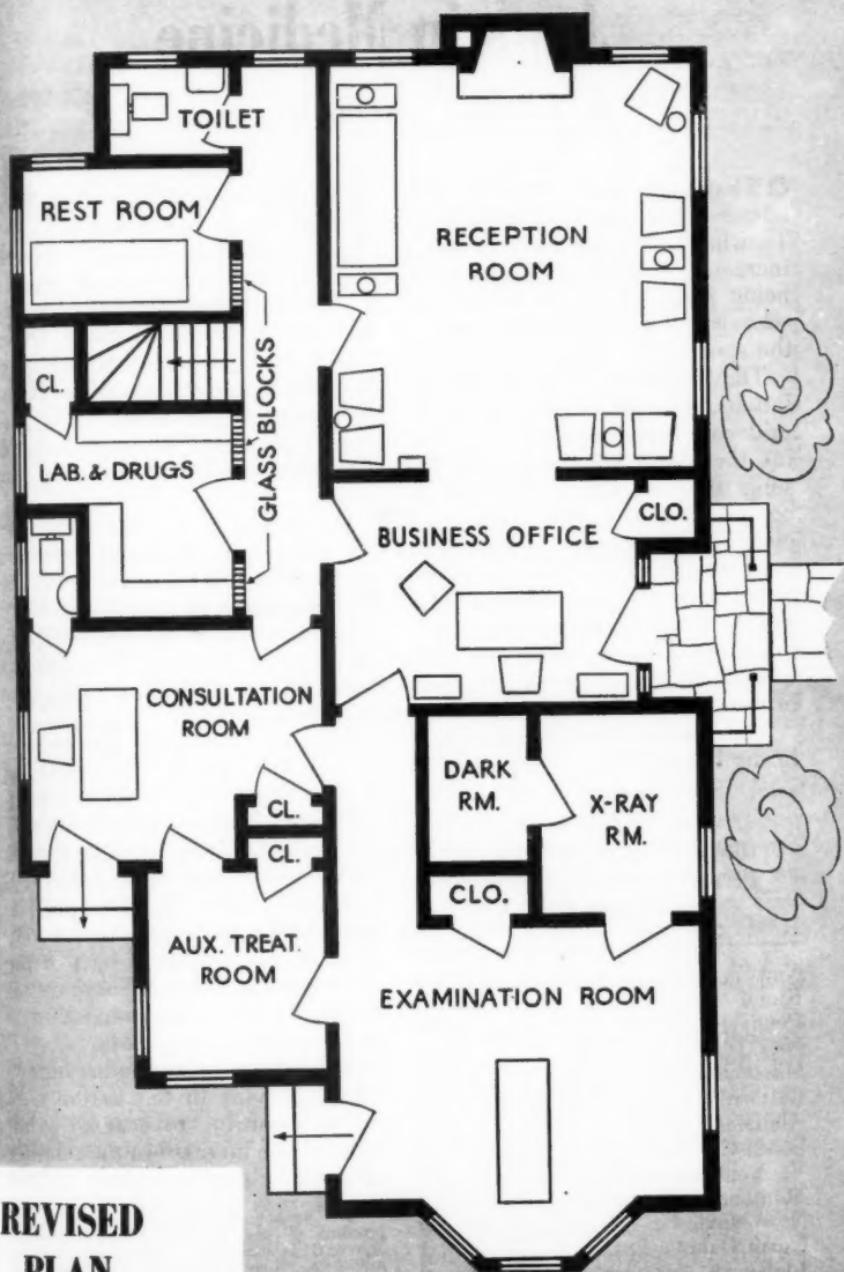


ORIGINAL
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Jews in Medicine

BY JACOB A. GOLDBERG, PH.D.*

What is the status of Jews in medicine? What are their prospects? To what extent are their numbers increasing? What limitations are being placed on them in medical schools, on hospital staffs, and in the specialty societies?

The Conference on Jewish Relations, through its Medical Committee on Research, has been studying these and other questions for some time. It has undertaken to compile a list of all Jewish physicians in the country; to locate the communities in which they practice; to determine the character of their pre-medical and medical education; to obtain data regarding the year of their admission to practice, their hospital affiliations, etc.

The complete list of Jewish M.D.'s in the United States reveals a total

TABLE 1
DISTRIBUTION OF JEWISH
PHYSICIANS IN SELECTED
STATES

New York	7,557
Illinois	1,455
Pennsylvania	1,154
New Jersey	1,052
Massachusetts	738
California	615
Alabama	25
South Carolina	13
Vermont	11
Montana	4
New Mexico	3
North Dakota	3
Idaho	2

of slightly more than 16,000. Most of these, it may be noted from Table 1, are concentrated along the North Atlantic seaboard from Baltimore to Boston. Almost half (47 per cent) practice in New York State. Other States having a substantial proportion are Illinois (9 per cent), Pennsylvania (7 per cent), New Jersey (7 per cent), Massachusetts (5 per cent), and California (4 per cent).

According to a card catalogue which has been prepared, there are apparently 432 communities in the United States of 10,000 or more population in which no Jewish physicians are practicing. Table 2 shows the number of these communities by States.

It is of passing interest to note that Jewish physicians practicing in New York City in 1936 reported having been graduated from 97 medical schools in the United States (20 of which are now extinct), 8 in Canada, and 77 in Europe. The cause of this wide distribution may no doubt be traced in part to the difficulties Jewish students have experienced in gaining admission to domestic medical schools.

Table 3 shows the number of Jewish physicians in ten major U.S. cities, according to year of graduation. The increase in the number of Jews in medicine during these

*The author of this article (which approximates one in the Hebrew Medical Journal) is director of the Medical Committee on Research of the Conference on Jewish Relations.

†All tables as of 1936.

TABLE 2

NUMBER OF U.S. COMMUNITIES OF MORE THAN 10,000 POPULATION
WHERE NO JEWISH PHYSICIANS ARE KNOWN TO BE IN PRACTICE

Pennsylvania	34	South Dakota	6
Ohio	29	West Virginia	6
California	26	Minnesota	5
Illinois	26	Montana	5
Indiana	23	Maine	4
Michigan	18	New Hampshire	4
Mississippi	18	Oregon	4
Texas	18	South Carolina	4
Massachusetts	17	Tennessee	4
New York	17	Virginia	4
Kansas	16	Arkansas	3
North Carolina	15	Colorado	2
Iowa	14	Connecticut	2
Wisconsin	13	New Mexico	2
New Jersey	12	North Dakota	2
Oklahoma	12	Utah	2
Washington	9	Vermont	2
Alabama	8	Wyoming	2
Kentucky	8	Idaho	1
Missouri	8	Louisiana	1
Florida	7	Maryland	1
Georgia	6		
Nebraska	6		
Rhode Island	6		
		Total	432

years has about paralleled the accepted increase in the total Jewish population.

Despite many statements to the contrary, most Jewish M.D.'s interviewed said that they had encountered little overt anti-Semitism in the course of their practices. Among smaller communities, it was found that the practice of Jewish physicians is much less restricted to Jewish patients than it is in the larger cities. As a matter of fact, in most small communities, the Jewish population alone is entirely too scant to support the number of Jewish physicians available. The practices of the latter are usually, therefore, among the working classes, among people of recent foreign extraction,

and among middle-class non-Jews.

Affiliation with local hospitals does not appear to present any serious problem to Jewish physicians of competence and standing. They find that it is not difficult to obtain a place on the staffs of municipal, community, and non-Jewish hospitals.

It was the deliberate judgment of a number of men interviewed that Jewish physicians would find it best not to attempt to practice in certain named communities. Several "shirt" organizations were mentioned as having already caused difficulties. In one large resort community, hotels and boarding houses display signs reading "Gentiles Only." In still others, Nazi and KKK

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TABLE 3
YEAR OF GRADUATION OF JEWISH
PHYSICIANS IN TEN U.S. CITIES*

Years	Number
1875-1880	7
1881-1885	25
1886-1890	67
1891-1895	153
1896-1900	277
1901-1905	460
1906-1910	716
1911-1915	977
1916-1920	1,273
1921-1925	1,786
1926-1930	2,069
1931-1935	2,313
Total graduates in ten cities..	10,123

*New York, Chicago, Philadelphia, Los Angeles, Boston, Detroit, Cincinnati, St. Louis, San Francisco, New Orleans.

organizations were said to be in the offing to distress Jews practicing medicine.

Irrespective of the attitude of young Jews regarding the desirability of studying medicine, movements are currently afoot to check any undue growth in the number of Jewish physicians. Restrictive admission policies, while unofficial, are nevertheless effective. As a consequence, Jews now comprise about 10 per cent of the American medical student body (2,100 out of 21,000).

Still other factors have to be considered. Many medical schools are founded on a denominational basis; and though Jews are still being admitted, there is apparently a growing belief among supporters of some such institutions that a higher ratio of students of their own group should be admitted. Another

group of medical schools consists of so-called State institutions. In these, due to the ruling against out-of-State students (many of whom are Jews), the bars have been put up against non-citizens and non-residents.

In 1937-38, some 1,298 American citizens were reported to be enrolled in medical schools abroad. It has been estimated that 90 per cent of these—about 1,168—were Jewish. In view of restrictions now being imposed, it is quite likely that foreign training of American M.D.'s will shortly be minimized or ended.

Many American Jewish students who returned from foreign medical schools last year in order to spend their Summer vacations in the United States found that they could not obtain passports to enable them to return, because of the war. It is scarcely likely that many of them, if any, will be accepted by American institutions for advanced standing. This is particularly true since most of these students were previously rejected for admission to medical schools in this country.

There are 44 Jewish hospitals in the United States. Of these, 33 are general hospitals; 7 are for the tuberculous; 4 are for the chronically ill. Whereas all are under Jewish communal auspices, they can provide internships for only part of the 700 Jews graduated from American medical schools each year. Many of them receive appointments, therefore, in non-Jewish hospitals.

In 1797, the board of governors of New York Hospital voted £200 to start a library of "Books on Medical Subjects and Economical Matters as have a Connection therewith."

“Why masquerade?”

A hitherto unpublished letter to the National Physicians' Committee from a well-known doctor. Contrary viewpoints are invited.

⊕ I have given serious consideration to your kind invitation to become a member of the Central Committee of the National Physicians' Committee for the Extension of Medical Services. I regret that I must decline.

While I am in complete accord with the objectives of the committee, I do not believe that the proposed procedure is the proper *modus operandi*. I believe that the job should be done by the American Medical Association itself, that the proposed method of improving public relations is ill-advised, and that it might be viewed as a dishonest approach to the solution of our problem.

If my memory serves me correctly, the Committee of 400 was soundly spanked in the *Journal of the American Medical Association*. The National Physicians' Committee is structurally subject to the same criticism.

The House of Delegates of the A.M.A. has recommended that public relations be promoted with vigor and finesse. I do not believe it meant that the Association should abdicate in favor of another organization.

A perfectly possible outcome, and certainly a most regrettable one, may be the designation of the N.P.C. as a medical liberty league. The columnists and New Deal pub-

licists would have a field day. It might even handicap the future usefulness to organized medicine of the splendid men whose names appear as members.

I admire the courage of the A.M.A. Board of Trustees, as shown in the months of struggle just passed. They conducted an open-and-above-board fight in the name of the physicians of this country. I stand ready to aid them in any way my feeble efforts or limited funds may be of help.

Any masquerade intended to evade taxes or evade government regulations, on the other hand, is likely to engulf the profession in a morass of public distrust. The constitution of the A.M.A. proclaims publicly just what the Association shall do and shall not do. It is in accordance with these prescribed and legally authorized activities that the A.M.A. will or will not be taxed. Any abridging of these constitutional rights by a volunteer committee outside the Association merely renders the physicians of the country more subject to public distrust without making them less immune to judicial indictment or governmental prosecution.

I believe the greatest force for the proper extension of medical services, for the guidance of needed public health legislation, and for

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the propagation of a sound medical philosophy must come from the A.M.A. under its own name. The Association today throws a longer shadow on the field of public opinion than at any time within my memory. It is entirely possible that the activities conducted under the name of the N.P.C. may shorten that shadow and render it extremely difficult to consummate the lofty ideals of organized medicine.

These ideals have always received the unanimous approval of doctors of medicine in the United States. The American Medical Association should continue to uphold them with all the vigor of its united membership.

[EDITORS' NOTE: Comments of the foregoing type have emanated from several parts of the country. President E. Zeh Hawkes, for example, of the Medical Society of New Jersey, wrote the A.M.A. thus:

"We in New Jersey believe that the role of organized medicine should be played by the A.M.A.,

not by a specially created subsidiary organization controlled by the A.M.A. We believe that to take this indirect approach will be to invite criticism.

"Those who a year ago were threatening the A.M.A. will have handed to them a new weapon for abuse . . . a perfect instrument with which to fill the mind of the public with suspicion and to destroy the good name of the Association. They will be able to charge that the A.M.A. is trying to accomplish by subterfuge what it is afraid to do in its own person. And the A.M.A. will have no defense.

"We are told that this indirect approach is necessary in order to avoid the risk of becoming liable to heavy taxation. We believe, however, that no amount of taxes saved can compensate the A.M.A. for the loss of public esteem . . .

"It is not in a spirit of antagonism but with sincere regret that our conception of what is right impells us to withhold our support."]

Senators reject compulsory insurance

★ Thirty-three U.S. Senators oppose legislation embodying compulsory health insurance, according to a poll conducted by The Christian Science Monitor.

Seventy-one of the ninety-five members of the Upper House, the newspaper disclosed, responded to its questionnaire on the subject. Besides those who took a stand against this panacea, five favored it; twenty-eight were non-committal; and five hadn't made up their minds.

Typical Senatorial comments were:

"Liberty will disappear if we add more compulsory requirements to

the American way of life."

"I am opposed to new Federal subsidies until we pay for subsidies already existing."

"I am for a Federal health bill—but not compulsory."

"The Wagner Bill is too expensive and complicated."

"Inasmuch as answering 'yes' or 'no' would result in a deluge of correspondence from constituents, I entreat you to excuse me from committing myself."

None of the five advocating compulsory health insurance gave their reasons.

You know the type



"Remember our signals when the doctor and his wife get here—we ought to win enough from him to pay his bill!"



PRIVATE LIVES



W. Osler

he propped patients—the familiar desk at which they poured out their troubles—are waiting in his consultation room. In the pharmacy, his medicine-bottles are kept filled, each one where he placed it. Appointments are scrawled, as was his habit, on an old school slate. He might even find a patient he could call by name waiting on the straight-backed chairs in the reception room.

• If the late Sir William Osler could return to earth, he would find his Dundas (Ontario) office just as he left it sixty-six years ago. The adjustable chair in which

Nothing has been changed. Dr. Thomas Bertram, who has had the office since 1887, sees to that.

The task is not difficult in Dundas. The town worships the memory of its favorite son. Its 5,000 inhabitants infallibly chuckle at twice-told tales of his youthful pranks, for which he was expelled from the local school. They take pride in his scientific accomplishments, begun with microscopic studies of specimens from nearby swamps. They tell how the lad was brought to Dundas by his father, Featherstone Osler, a former sailor who became canon of their church; how little Willie unfortunately fell ill on the way, causing his family to miss the train—which crashed through a bridge into a canal, drowning many passengers.

But Osler's real shrine is located in a block of identical, square two-story brick buildings (see cut). Here the baronet-to-be first engaged in practice. That was in 1874. Today in this very office—with the same equipment, and a few of the same patients or their descendants—Dr. Bertram carries on the Osler tradition. (In the photo opposite, he is shown seated at Osler's desk.)

The house, according to its present occupant, originally belonged to a Dr. Holfred Walker. "He had the practice at the time Osler came out of school," recalls Dr. Bertram. "He got Osler to take over

Photos by Inesco; Culver



temporarily. The latter's first case was removing a speck of dust from a patient's eye. He received a fee of fifty cents."

Although thirteen years apart, Bertram and Osler were boyhood acquaintances. For a while, their paths separated. Bertram went to study medicine at Queen's College in Kingston; Osler returned to Dundas to practice after studying at

McGill and abroad. But when the latter was lured to Hamilton City Hospital by Dr. Charles O'Reilly's promise of \$25 and a pair of elastic-sided gaiters, Bertram stayed to take over the practice left by Dr. Walker and his *locum tenens*.

During and after Osler's rise to eminence, he often returned to the scene of his early struggles. He would look up Bertram, and they would drive around in a buggy, visiting his former patients. The few now alive describe Osler as "a good young doctor but mighty flighty." His colleague's recollection is a bit different. He was impressed by Osler's capacity for work.

"I dropped in on Sir William one day," he relates. "He was shaving with one hand and holding a book with the other. He seemed afraid he could not cram enough action into every minute. I often wondered how he could stand the physical strain his great nervous and mental energies imposed upon him."

Osler's ability to handle patients likewise amazed his friend, who ascribes it to a genuine fondness for them. "He radiated interest in their welfare," is the way he expresses it, "so that they could not fail to reciprocate."

Now in his high seventies, Bertram cherishes every recollection of his close personal friendship with Sir William. With the more tangible mementos of his former colleague, however, he is generous to a fault. Because he never had the heart to refuse Osler admirers, Bertram has parted with desk fixtures, books, and other souvenirs one by one. If you were to visit him today, he would undoubtedly apologize for the fact that he has

none left to give away.

All the furniture in the office was used by Osler—and Dr. Walker before him. Only a few decorations have been added. These include a portrait of Sir William, awards won by Dr. Bertram in the British Commonwealth rifle matches in England, and a photo of his son, killed in the World War. Dr. Bertram feels that Osler would not mind these liberties.

But this is no stuffy museum. Those seeking relief from pain pass daily through its doors, as they have for close to a century. The blessings they find there are well remembered in this benediction, inscribed on a tablet set into the rocky walls of the Dundas Valley:

*Erected by the
Hamilton Medical Society
To Commemorate the Life of
Sir William Osler, Bart.
Student, Philosopher, Physician,
Whose Careful Studies of Nature
in This Vicinity Laid the
Foundation of His Career.
He Said,
"The Master Word is Work."*

SEAFARER

• Itinerant sun-worshippers along Miami Beach these days have something besides bathing beauties to hold their attention. Keen eyes trained seaward may be treated to this spectacle:

A smoke-smudged freighter slackens headway, heaves to. Bustling up alongside her chugs the B. W. Brown, only seagoing ambulance in the country. Soon, from the freight-



er's innards, an ailing mariner is hoisted on a special stretcher. Seamen derrick the human cargo down to a safe landing on the heaving deck of the rescue ship. If he is able, the sick man waves good-bye to his mates; skippers of the two craft signal all's clear; and the B. W. Brown heads for shore to complete its errand of mercy.

Behind this oft-repeated drama is a man—and a story. The man: Dr. Gilbert Dunnahoo, surgeon in the United States Quarantine Service. The story:

In August of 1938, Dunnahoo went to Florida to take charge of

the Government's quarantine station on Fisher Island, a six-acre tract a quarter of a mile east of Miami. No newcomer to quarantine duty, he had already served at New York Harbor's Ellis Island, where he examined countless immigrants, and in Hawaii, where he battled leprosy. His new job: to lead a staff of twenty-six microbe hunters into battle with typhus and Yellow Jack.

From headquarters on his palm-covered island, Dunnahoo's domain stretches over hundreds of miles of coastline from Fort Pierce to Key West. Crew and cargo of every ship and airplane that ties up there must be painstakingly combed as possible carriers of disease. What makes it tough is the short flying time from tropical breeding grounds to Florida waters. Infected plane passengers completing the nine-hour trip may not even feel the first symp-

Dr. Dunnahoo (with glasses) sights the tanker, S.S. Toledo. Soon a stricken seaman is lowered aboard the ambulance boat.

Wide World Photos



toms of the treacherous fever. Yet Dunnahoo and corps must diagnose the danger.

When he is not spraying planes with insecticide, Dunnahoo may be up to such odd tasks as inspecting imported shaving brushes, on the chance their bristles have come from diseased pigs. Or his job may call him to intern alien parrots suspected of psittacosis infection.

When the Coast Guard cutter Mojave turned up recently infested with poisonous black widow spiders, the doctor was amazed—but ready. First case of its kind, the ship yielded 275 widows to his fumigating squad. More routine are Dunnahoo orders which result in the extermination of millions of mosquitoes on a control project operating between Texas and South Carolina.

It was between duties like these that Dunnahoo first conceived the idea of a seagoing ambulance. Hundreds of ships of all nationalities pass his island retreat, following the Gulf Stream as it hugs the coast. Tramp steamers, merchantmen, and freighters most of them; very few calling at Florida ports; all lacking medical and hospital facilities.

Checking on the number of calls for radioed medical advice from these ships, Dunnahoo found it surprisingly high. So he asked his immediate superior—Dr. C. L. Williams, assistant surgeon general of the U.S. Public Health Service—for permission to use one of the quarantine station boats to answer such medical emergencies. He got an enthusiastic O.K.

That was last August. Now, when sickness strikes a ship in the vicinity of Miami, a radio request brings out a unique floating hospital—the

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tients cannot obtain treatment. Doctors are compelled to stand by in idleness while demands for their services grow insistent."

Nowhere is this more true, a Labour Research Department survey shows, than in areas to which women and children have been evacuated. Testimony of physicians and patients in such regions indicates a very serious lack of adequate care. A medical committee that investigated this situation found standards of treatment "far below pre-war levels." Despite the large-scale evacuations, with their attendant overcrowding, it was discovered that government officials had neglected to arrange for physical examinations. Resulting lice and scabies were so prevalent that emergency clinics had to be set up to handle them. Impetigo was epidemic.

According to other authorities, pre-natal patients "trotted from house to house" in search of beds. Clinics were non-existent, overcrowded, or located far from billets. These conditions were reflected in the strait-laced pages of *The Lancet*, in the words of a correspondent who wrote of conditions in his community: "Some 700 tuberculosis patients have been sent home; the one sanatorium still working has 200 beds and is full. It is almost impossible to get a patient into a sanatorium . . ."

Conscientious practitioners who make an attempt to combat these problems quickly find their hands tied by political red tape. They encounter, as many have expressed it, a "lack of cooperation" on the part of local officials. In many cases, they add, help is denied their patients on sundry official excuses.

When they complain to government higher-ups, they run into "a tendency to evade responsibility." Wrangling in the various bureaus over "who is responsible for what," they assert, is "endless."

In the evacuated areas, conditions are reported to be even worse.

For in the government's rush to prepare for military casualties, the medical needs of the civilian population have received only the most cursory attention. In obedience to government orders, many hospitals have refused admission to non-military patients and have discontinued out-patient departments.* Hospitals accepting urgent cases have discovered that, with the scattering of their staffs, they no longer have the facilities to care for them adequately. These excerpts from British hospital reports tell the story of what has followed:

From an ophthalmic hospital: "Patients sent home before treatment completed. Risk of blindness resulting . . ."

From a cancer hospital: "Cessation of radium treatment. Discharge of patients in middle of treatment . . ."

And from a convalescent home stripped of trained nurses: "Accident case received. No serum. Died of tetanus . . ."

Meanwhile, the former staffs of these institutions twiddle their thumbs at base hospitals where they "wait for bombs."

Far from idle, however, are the government bureaus. From them the orders pour forth in such volume and variety that, as one group of medical men put it:

"No one knows who is in con-

*Also, see MEDICAL ECONOMICS for December, January, and February.

trol. Superintendents get contradictory instructions from the Ministry of Health, County Hall, and sector officers. The sector officers regarded themselves as responsible for their sectors; discovered later that anything they had done could be cancelled indiscriminately by the Ministry [of Health]."

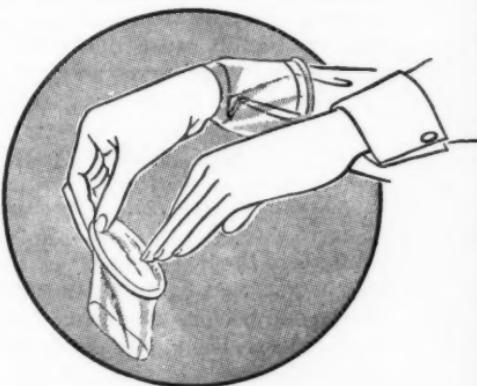
The Ministry has publicly admitted the latter part of this statement in the following blunt memorandum: "The Ministry of Health will determine how ultimately additional costs [of providing medical care of evacuees] will be adjusted."

So far as the doctor is concerned, the intensification of government control brought on by the war has meant a gigantic reshuffle of medical fortunes. Some lucky practitioners have drawn a good hand. A few have had country practices enriched overnight by the rush of wealthy patients out of the cities. And some young house physicians have been agreeably surprised to find themselves presented with £350 annually with the good wishes of the government.

But for the majority, the effect has been the reverse. After the first feverish months, the Ministry of Health and the Emergency Medical Service became alarmed by the size of their expenditures. They have hastened to retrench—at the profession's expense. Salaried physicians engaged to man emergency hospitals, have been fired in wholesale lots. When physicians from over twenty London institutions protested, they were assigned back to their voluntary hospitals—at £200 a year. At one institution, the entire resident staff was sacked; then re-hired at lower pay.

Perhaps hardest hit of all are the general practitioners in cities. Although in many cases the bulk of their patients were moved *en masse*, they were not moved with them. Deprived of their practices by government decree, they are facing financial ruin. These facts have already been substantiated by MEDICAL ECONOMICS reporters who personally visited London physicians (see MEDICAL ECONOMICS for January).

Those who attempt to carry on are confronted by ever increasing difficulties. Hospital beds, consultants, and nurses—all earmarked for military use—are frequently



Cuff guards from old rubber gloves

Before pronouncing the death sentence on worn-out rubber gloves, have your nurse try this:

The wrists of the gloves usually outlast the rest. So have her cut them off for use as a pair of cuff guards. Slipped on during periods of active duty, they'll help keep uniforms looking spruce. Which, in the long run, also means a saving on laundry bills.

unavailable to private patients. The Minister of Health, answering questions before the House of Commons, allowed it to be known that in Wales 375 patients, at least, who were discharged summarily at the outbreak of war were still (three months later) awaiting readmission to hospitals.

What's to come is even less inviting to British doctors. Sir John Simon has assured them that the present standard of living is bound to fall as the war continues. This, they are aware, means that the number of patients able to afford private fees will decline as their own expenses mount with rising war prices. As for the quality of future British medicine, the Ministry of Health looks no further

than its own public admission that medical students are being jammed through to degrees in spite of irregularities in their training.

To the British profession, what Winston Churchill calls the War's "first phase" has been an eye-opener. Its demands have mercilessly exposed the failure of government-controlled compulsory health insurance to protect both patient and doctor. Even the Labour Party, which backs the socialized-medicine theory to the hilt, now asserts that "the insurance scheme is hopelessly inadequate."

American doctors wonder how many years of war—or peace—it will take to bring its supporters in this country to the same conclusion.

Medical war news of the month

Summarizing new repercussions recorded here and overseas

Effects of the war in darkest Europe, as reported by MEDICAL ECONOMICS' own correspondents and news services, last month put medicine in the spotlight along the following fronts:

ENGLAND

Official confirmation of MEDICAL ECONOMICS' informal survey showing how practices of London psychiatrists are booming (January issue), comes from newly released British government statistics. They show that admissions to London mental hospitals jumped 100 per cent after the outbreak of hostilities.

Another set of figures, made public by the Ministry of Transport,

records 4,133 motor-crash fatalities on English highways in the first four months of the conflict. This compares to 2,277 killed in action in all His Majesty's fighting forces during the same period. Four out of five of the auto accidents occurred during blackouts.

English practitioners are fighting to maintain "proper requirements for medical qualification," in the face of increased demand for doctors. Sir Norman Walker, presiding over the General Medical Council, told MEDICAL ECONOMICS that the council is seeking to prevent "confusion likely to be caused by the rush of students to enlist." Cooperation of medical schools is being asked to preserve high ad-

mission standards. Conscription authorities have exempted all but beginning medical students from military service.

GERMANY

As a "war measure," Nazi chieftains have drafted all remaining civilian private practitioners into the government's compulsory health insurance set-up. The decree requires the doctors to accept panel work. Compensation will be at a flat rate, regardless of the number of patients treated. To "protect colleagues at the front," German physicians at home may no longer remove to a new location. Nor can those called up for military service choose a *locum tenens* to mind their practices while they are gone.

One result of the Nazi reorganization of Poland is the recovery by German doctors of the files of Dr. Robert Koch. In these documents, he recorded his progress toward discovery of the cholera and tuberculosis bacilli while a young practitioner in Wollstein. Upon cession of this territory to Poland at the end of the last war, they were seized by Polish physicians and transported to Warsaw. Now they have been moved to Berlin.

CANADA

Mobilization of Canadian medical men is now well under way. Doctors with military connections have been drafted into government service and civilian practitioners are being registered by the Canadian Medical Association according to their qualifications and experience.

Preparations to step up production of M.D.'s are being made at a rapid pace. Taking the lead is the University of Toronto, which is

considering a plan to graduate two classes this year instead of one. As interns are being mustered into the Army, the Canadian Hospital Council sees a dearth of hospital personnel on the horizon.

All this alarms Canadian G.P.'s, who predict an "overproduction" of doctors and a "lowering of medical standards." They warn particularly against hospitals accepting American interns; pointing out that "aliens" from the United States permanently displaced Canadian "heroes" from their practices during World War I.

UNITED STATES

Protests against the blockade of German medical exports have been lodged with Great Britain by the U.S. Commerce and State Departments. Reason, officials explain, is a "serious" shortage in this country of needed foreign drugs and surgical instruments. During the last war, they point out, surgical supplies were let through. Today they are considered contraband.

If the embargo continues, they predict, the cost of medical care is bound to rise.

Imported artificial limbs and eyes, and hemostats, a MEDICAL ECONOMICS survey shows, have already skyrocketed in value since the beginning of the war. A similar situation prevails with regard to botanicals from Germany, former Poland, and former Czechoslovakia.

One drug of which there is no shortage is opium. Importers estimate that they have a three year's reserve. In fact, since the Japanese invasion of China, the problem has been how to keep an excess supply out of this country. During this period, more than 20,000 outlawed

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peddlers have been jailed in this country, according to H. J. Anslinger, of the U.S. Narcotics Bureau.

Even the philanthropic foundations are shaken by the war. The Commonwealth Fund reports that "the hope of achieving something for mankind grows dimmer. Every one of the major objectives to which the fund has devoted its resources is threatened by war." Its British fellowships for study in the United States have been halved; its London child-guidance clinic closed.

Unofficial American medical aid to the Allies is mounting. The first division of the American Field Service, comprising twenty American ambulances and drivers, is said to be "somewhere in France." Millionaire John F. Harjes gave one ambulance, which he will drive; Mrs. Andrew Carnegie contributed another. Volunteer first-aid workers, the service wants it understood, must pay their own way overseas. Other assistance to foreign nations consisted of delivery of seven "de-lousing" machines to the Finns.

The mobilization of American doctors for possible participation in the war also continues. Symposia on medical preparedness have been held by the Philadelphia County Medical Society, which has

organized a committee on national defense, and the New Jersey Association of Military Surgeons. A meeting of New York City medical reserve officers is scheduled for this month.

As part of the Federal administration's expanding national defense program, 202 Army reserve medical officers are needed for active duty within the United States. Besides this, the War Department asserts: "Additional officers will be required. We may look forward to procuring a considerable number each year." Reserve officers desiring such assignments are asked to forward applications to their corps-area commander.

While some of their countrymen fight it out, colleagues from the opposing belligerent nations as well as neutrals have organized the Committee for War Prophylaxis. Members contend that war is a psychiatric problem that can be medically treated. They are mostly psychiatrists.

RUSSIA

The breakdown of Red medicine in the Finnish war is producing riots among Russian patients, according to Washington diplomatic circles. Scene of the alleged disturbances

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The New, Improved OVALTINE

MEDICAL ECONOMICS

is a town near Moscow, where 4,000 Soviet soldiers and 100 captured Finns were taken for treatment. Many, it was stated, had legs amputated because of freezing attributed to poor care; all were brought from Leningrad without first aid. In protest against these conditions and a food shortage, the patients and a sympathetic town populace are said to have staged a three-day demonstration.

The International Red Cross in Geneva is also weighing charges by its Swedish affiliate and Pope Pius that Soviet fliers have "systematically bombed hospitals and Red Cross units."

Charged with sabotaging state medicine, four Russian doctors face "purging," a Moscow newspaper reports. They will stand trial for rejecting locations picked for them by Communist leaders.

AUSTRALIA

Latest government insurance scheme in Australia is "income insurance" for doctors entering military service. Remembering the last war, when practices of soldier-doctors melted in their absence, the government has decided to establish bonuses for enlisting physicians. To raise a fund for this purpose,

it is imposing a "voluntary" tax on colleagues who keep the home fires burning. Benefits of up to £500 a year are promised to patriotic practitioners. Civilian doctors are also asked not to treat the patients of ex-service colleagues for one year after the latter return.

NEW ZEALAND

In return for the medical profession's wartime cooperation, it is believed that New Zealand politicians will scrap their national health program. For a year, officials have been trying to put their compulsory insurance law into effect over the doctors' protests.

HUNGARY

Faced by the prospect of their country's entrance into the war, Hungarian physicians are demanding equal rank and pay with combatant officers, if they are called to military duties. In presenting the doctors' case to the Ministry of War, the Hungarian Medical Association points out that in the new mechanized warfare, the physician shares the risks of the soldier.

FRANCE

Dr. Alexis Carrel is devoting his researches to finding a "cure for war." He believes, he explained,

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Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups. Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

that there can be no "permanent peace" until politicians look upon world affairs "as scientists view their work." Humans must "try to understand each other," he declared. "If we knew what was in the hearts of the Germans, things might be different."



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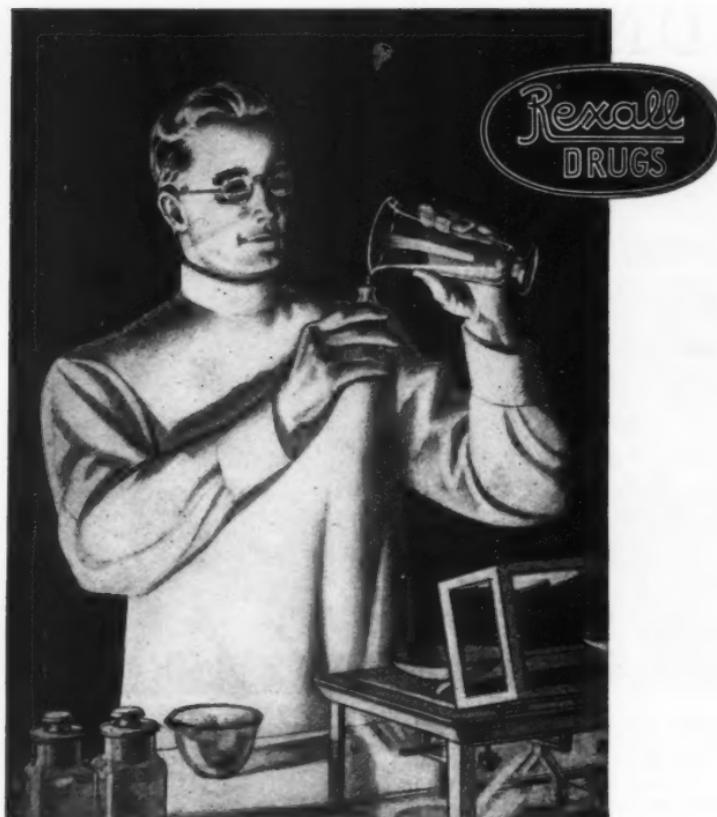
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When asked which of several types of *wheat* cereal is best suited for family use, 74% of 2485 doctors replying said, "Brown wheat cereal." And 77% preferred a *hot* cereal to a cold cereal.

It's ONLY the BEGINNING

*National Hospital Act of 1940 sets stage
for Wagner Health Bill in 1941*

July 1 will find John Taxpayer digging into his pocket for a few dollars to spend on his annual vacation. It will probably also find the Government digging into his pocket for \$10,000,000 to buy new hospitals. For on July 1, President Roosevelt's "baby"—the National Hospital Act of 1940—is expected to go into effect.

The Chief Executive's sentimentalism was exceeded only by his political acumen in selecting his fifty-eighth birthday as the occasion on which to ask Congress to approve his hospital-building experiment. Also, it was more than coincidental that he chose for his purpose the same day on which 25,000 luncheon and dinner celebrations were held in his honor to mark the close of the annual infantile paralysis fund-raising campaign.

Be that as it may, the action was well suited to the word. Less than forty-eight hours after Mr. Roosevelt had blown out the twenty-one (21) candles on his birthday cake, Senators Robert F. Wagner of New York and Walter F. George of Georgia introduced the National Hospital Act (S. 3230) in Congress. There is no question at this writing that favorable action will be taken on the measure during the present session. Meanwhile, it has

been referred for consideration to the Senate Committee on Education and Labor.

Some time ago, Mr. Roosevelt withheld approval of the Wagner Health Bill because it was "too costly." Real reason was probably the difficulty of raising the money—irrespective of the sum involved. Thus, the hospital act is a stop-gap. Or, as Senator Wagner so eloquently declares, "It is the first step in the development of a rounded national-health program."

That the President also regards it as "a first step" and no more is evident in his statement to Congress in which he referred to the Government's study of health legislation and significantly expressed the "hope that such study will be continued actively during the present session, looking toward constructive action at the next."

Like a good many other legislative oaks, the National Hospital Act is notable for its acorn beginning. On page one, the bill authorizes a modest \$10,000,000 appropriation for the first fiscal year. But in Section 2 it also authorizes "for each fiscal year thereafter such sums as the Congress may deem necessary for carrying out the purposes of this Act."

Many onlookers have made the point that, in this era of ciphers,

MEDICAL ECONOMICS

\$10,000,000 is a mere drop in the bucket. And it's true. But when no limit is placed on expenditures under the act in subsequent years, the initial \$10,000,000 appropriation becomes little more than window-dressing.

The political popularity of the hospital bill is obviously assured. Since Congressional action depends to an ever-increasing extent on practical politics, a "pork barrel" proposal of this type must necessarily have wide appeal among law-makers. Congressmen in search of "something for nothing" need look no further.

Critics of the proposal have been quick to recognize this and other defects. Wendell L. Willkie, president of the Commonwealth & Southern Corporation, for example, expressed the viewpoint of many a physician and business man in an address before the directors of the Beekman Street Hospital in New York City. Said he:

"If we let the great hospitals pass into Government control, it will build up the idea that gradually all social agencies and eventually all economic agencies must come under Government control."

Dr. Lucius Wilson of John Sealy Hospital, Galveston, Texas, told

Hospital Management that "If a community is too poor to erect its own hospital, it will most likely be too poor to finance one erected by the Government. No doubt there are many communities from which assurances can be obtained that hospitals erected by the Government will be properly financed; but it is doubtful if these assurances can stand the test of time."

The hospital act is scored even more forcibly by H. C. Lowry, in a letter written to Representative Dewey Short of Missouri. Says the Lowry letter, in part:

"When the President declares that a people cannot afford to build a hospital but can support and maintain it, he has been sadly misinformed. The annual cost of maintenance will equal the cost of production. In other words, if they can't find \$300,000 to build and refund in 20 years, how can they raise \$300,000 per year to maintain the project?... Allen County in Indiana (Fort Wayne, the county seat) and Allen County in Ohio (Lima, the county seat) found it cheaper to pay private hospitals and doctor bills to private practitioners than to own and operate city and county hospitals."

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There could be no question about dependability. It's a long, hard trip to Ceepeecree from the mainland. Mail boats make it every 10 days. Nootka's staff demanded a unit that "could take it," a unit that would require an absolute minimum of servicing—and the F-3 filled the bill.

True portability was necessary. Transportation on Vancouver Island is a real problem. There are no roads; all travel is by air and water, and there's no room for "excess baggage."

To every medical man who does not have adequate roentgenological service readily available, and who realizes a need for a compact, efficient, dependable portable x-ray unit, G-E makes this suggestion: Protect your investment, investigate the G-E Model F-3 before you invest in any x-ray unit. For complete information and an interesting demonstration, send your request to Dept. A23.

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program is approved by the A.M.A. only on the condition that (1) construction of the hospitals shall not involve competition with existing hospital facilities; (2) adequate hospital personnel and services shall be maintained; (3) assurance of support shall be given by the communities in which the hospitals are to be built.

Surgeon General Thomas Parran's status as the fair-haired boy—long a cause of wonder in fickle Washington—has been further strengthened, if that's possible, by the new hospital act. Witness these facts:

1. The \$10,000,000 appropriation (and others to follow) will be turned over to the Public Health Service, of which Dr. Parran is head.

2. Communities eager to extract a hospital plum from the political pie must apply to Dr. Parran's department for the money.

3. Dr. Parran will be advised by a National Advisory Hospital Council of which he will be chairman and whose "medical and scientific authorities" he will appoint.

Regardless of the merits of the hospital act, the sense of humor of its framers is undeniable in Section 10 (c) which says:

"This Act shall not be construed as limiting the functions of the Public Health Service or the expenditure of money therefor."

—WILLIAM ALAN RICHARDSON

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ARTICLES

MEDICAL CARE—AND HOW. Principles of organization and administration of medical care programs. (Survey Midmonthly, January 1940)

BOOKS

THE PATIENT'S DILEMMA, by Hugh Cabot, M.D. A discussion of the professional and political problems of medicine. (Reynal & Hitchcock, \$2.50)

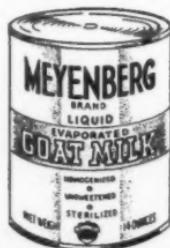
THE MEDICAL CAREER, by Harvey Cushing, M.D. Collected papers of the late surgeon. (Little, Brown, \$2.50)

FRONTIER DOCTOR, by Urling C. Coe, M.D. Experiences of an Oregon physician. (Macmillan, \$2.50)

MEDICAL RECORDS IN THE HOSPITAL, by Malcolm T. MacEachern, M.D. (Physicians' Record Co., \$3)

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"That's gratitude for you"

BY R. NOVUS

After the ladies had adjourned to the living room, we stretched our legs under the table, lighted our cigars, and launched into the usual after-dinner talk fest.

"I had a strange visitor today," said an OALR specialist sitting across from me. "A man came into my office and flayed me unmercifully for having restored his eyesight."

"That's gratitude for you," someone said.

"Well, in a way he was right. A welfare agency sent this fellow to me last summer. He had been blind since childhood, and made his living begging on the streets. I didn't encourage him to have an operation, because I had little hope myself that his eyesight could be restored. But he pleaded with me to operate, and I did. Lady Luck must have guided my hand."

"The day we took the bandages off was as exciting for me as for him. Tears of joy blurred his new-found vision as he exclaimed his thanks.

"But that's only half the story. Today, when he showed up again, he looked as though he hadn't eaten for days. He abused me relentlessly. As a blind beggar, he said, he had been able to make a fair living. Eyesight restored, he was destitute. I was the cause of this, he concluded; and it was up to me to do something about it."

After a moment, a general prac-

titioner at the table spoke up. He, too, had paid the price of zealousness.

"When I first began practice and patients were scarce," he said, "there was a large and wealthy family in the neighborhood. They were sick quite often, and always called me. It goes without saying that I needed and was glad to get their patronage.

"One afternoon I happened to be at the house when an aunt, there on a visit, had a severe heart attack. Without wasting any time, I pitched in and did everything I knew how—plus a little more besides. I stayed with her all that night. When I left the house at daybreak, she was well on the road to recovery.

"To my profound surprise, that was the last call I ever got from the family. I was puzzled about it for a long time. Finally I asked a few questions and got the answer. It seems the aunt had a sizeable fortune which she was scheduled to leave to her brother. To put it bluntly, they wanted her to die. I had done them no service by prolonging her life."

"Your stories remind me of how my own gratitude cost me a patient," said a gynecologist sitting next to me.

"At Christmas time a few patients, as women patients will, left presents at the office. One was a

well-stuffed sofa pillow. Another was a book of poems, which—I later found out—was the literary effort of its donor. One trouble was that the book had been published under a pen name. The other trouble was that the cards which accompanied the gifts got mixed. You can imagine the expletives the young poetess hurled at me after I told her in my thank-you note that 'I know your charming gift will be conducive to many a good nap'!"

As the laughter ebbed, our host said, "You all have such dire stories to tell of gratitude that I'd like to relate a more cheerful one:

"About fifteen years ago, a certain young woman was injured in an automobile accident. The steering wheel struck her jaw, forcing her front teeth almost through her tongue. The laceration was so seri-

ous that it was feared she would never be able to speak again. Quite by chance, I was the physician called in to treat the case. It took a long time and necessitated many calls. The patient and I became increasingly friendly—in fact, quite attached. When she had recovered, I asked her to marry me. Whether out of gratitude or not, she accepted."

Our host was scarcely finished when his wife opened the door.

"When in the world are you coming into the living room?" she asked breathlessly. "We've been waiting for you for hours. Would you like to play bridge, George? Or would you prefer to listen to Jack Benny? I just said to Helen..."

No one would ever suspect, I mused, as she chattered on, that anything had ever been wrong with her

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1

So the doctor moved to Russia...

Was there anything left for him but vodka on the Volga?

Hardly, you'll agree, if you've read how Dr. Roberts tried to apply justice and common-sense in a socialized medical world—and found they wouldn't work.

Dr. Roberts' story appeared in April MEDICAL ECONOMICS, under the title, "Mothers in Uniform." Scores of physicians found its satire on state medicine so laugh-provoking that they requested reprints for their patients.

Such reprints are now available at cost: 60 cents a hundred. Address: Medical Economics, Inc., Rutherford, N.J.

tongue! Silently, I offered a little prayer of gratitude. Thank God I didn't get *that* case!



CHILD-PRACTICE BUILDER: Included in my fee to the obstetrical patient is an offer of six months' free service for the baby. No home calls are included. But I do agree to weigh and measure the child, check on its health, change formulas, and dispense general advice periodically.

Besides being good medicine, this keeps me in contact with parents, and virtually assures payment of the bill. If the baby does get sick, I—not somebody else—is usually called.

When the six months are up, appreciative mothers are likely to entrust immunizations to me, also. In fact, many parents petition me to extend the service for another six months or a year—with pay.—S. D. HART, M.D., Los Angeles, Calif.

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TRADE MARK



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Acute rheumatic fever, rheumatoid arthritis, traumatic arthritis, muscular rheumatism, sciatica, lumbago or bursitis.

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MARCH 1940

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*Swartz and Reilly "Diagnosis and Treatment of Skin Diseases" pp. 66-7.

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False Alarm in Wisconsin

Prepaid medical care 'Good for the sick, but not for us,' say Douglas County residents

BY C. ROBERTSON DAMRELL

Firemen who answer false alarms have nothing on the physicians of Superior, Wisconsin. The latter have answered an emergency call only to find no patients waiting for them.

It happened this way:

Several years ago agitators in Douglas County started a hue and cry for health insurance. The local cooperative alone said it had 2,000 members crying for this commodity. Dire stories were put into circulation about the plight of poor people thrown into panic by large, unexpected medical bills; about others troubled even by routine fees.

In answer to the alleged demand, the Wisconsin State Medical Society spent \$20,000 studying new plans of medical service. In 1938, with its county affiliate, it announced an arrangement to supply complete medical care for an annual fee of \$18 per person or \$34.80 per family.

Thus, Douglas County became the proving ground for a prepay medical experiment which guaranteed the traditional doctor-patient relation and was open to all strata of the public, regardless of income. Doctors were to be paid 35 per cent of each fee upon completion of the service; the remainder at the end of each quarter (pro-rated if bills exceeded available funds).

Once the project was launched,

the hue-and-cry raisers sat back to watch for results.

They didn't have to wait long.

By the end of six months, only 400 of Superior's 30,000 people had signed up. The medical fund had failed to cover expenses; so the doctors received only 83 1/2 per cent of their fees. The administrative fund also suffered a deficit—of \$557—which had to be made up by the State medical society.

Nor were the next six months any more encouraging. During that period, only 75 more people were added to the rolls.

Observing the trend of events, The Milwaukee Journal, which favors the plan, sent a reporter to query potential patients as to why they weren't supporting it. Typical reply, as reported by the paper, was:

"Good idea for anyone who is sick. But not for me. We haven't had a doctor for a couple of years. We're perfectly healthy. Why should we put out \$35 a year when chances are that we won't need a doctor? I could buy three tons of coal for that."

Local physicians point out that it is often their custom to carry accounts over long periods, without much effort to press for payment. "When people are dealt with in that way," says Superior's Dr. Victor

MEDICAL ECONOMICS

Ekblad, "they don't see any reason why they should lay out a sum each month when there is no sickness and they might not need a doctor during the year."

Some defenders of the plan point out sorrowfully that its rickety condition is due to the equally rickety state of local finances. The City of Superior has been compelled to issue scrip ever since 1933. Its bonding limit has long since been reached. A third of its population are on the WPA, NYA, and relief rolls.

Another fact publicly deplored is that the sponsors of the project allowed it to be financed in part by local consumer cooperative societies. "This discourages people from joining up," declares Rex Mather, Superior pharmacist. "They say they don't want to have anything to do with a plan participated in by the co-ops."

Even medical leaders of the State are accused of being partly responsible for the lack of success which has attended the service. "Go ahead," some of them are quoted in The Milwaukee Journal as having said. "But don't make it too good. It doesn't make much difference whether it keeps going so long as we can make an offer that will quiet a lot of this talk we're hearing."

Whether the non-acceptance of the enterprise can be attributed to unusual conditions in Douglas County, therefore, or whether the conditions are not unusual at all and would have to be met by other plans of this kind, is open to argument. Meanwhile, it appears that in Superior at least there is not the "burning demand" for health insurance which the professional noise-makers imply.



COTTON BOX: Do a few hard knocks literally pulverize the box in which you keep cotton in your kit? Then try using a metal toothbrush container.

It won't crush; holds plenty in a handy size; and requires only that you sterilize it before packing in the cotton.

DESK-COVERING: When a desk must also serve as an auxiliary work table, there's usually this hitch: The top gets stained and scarred easily.

One remedy is to surface the desk with a good grade of dark-colored, heavy laboratory linoleum. You'll find it won't slide or curl at the corners. It's acid-proof. And rings left by bottles and glasses wipe off.

The cost is nominal. And the result looks highly presentable—especially with a touch of wax polish.

THUM Checks NAIL BITING AND THUMB SUCKING

Thumb sucking may be one cause of crooked teeth, high vault and deviated nasal septum which results in inflammation of the nose, throat, middle ear and often partial deafness.

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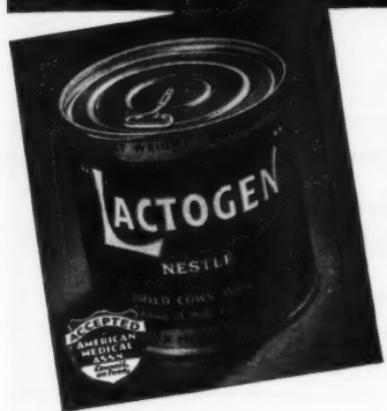
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MARCH 1940

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USE LACTOGEN



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LOCATION TIPS

Looking for a place in which to practice?

• An up-to-date list of towns in which physicians have recently died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not guarantee a vacancy for another. But a sufficient number of openings are created to merit investigation.

Only those communities are in-

cluded in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns. They thus constitute the most complete list available anywhere, due to the magazine's comprehensive circulation.

[NOTE: Readers are invited to submit names of towns in which vacancies have occurred. Address MEDICAL ECONOMICS, Rutherford, N.J.]



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AN EXPERIMENT conducted by the College of Medicine of a state university sought to compare the utilization of calcium and phosphorus, when supplied chiefly in milk, with the utilization of the same minerals supplied by "New 5-Minute" Cream of Wheat.

Two groups of pre-school children, each consisting of two girls and three boys, served as subjects for six months.

It was discovered that the calcium and phosphorus of "New 5-Minute" Cream of Wheat were utilized as well, if not better, than when supplied by milk.*

Other experiments demonstrated that this new cereal cooks to full digestibility in 5 minutes of boiling—even for infants. Besides calcium and phosphorus, "New 5-Minute" Cream of Wheat has added iron and Vitamin B₁. It also has a somewhat richer flavor than

"Regular" Cream of Wheat, recommended by many physicians for 45 years. Yet these advantages have been made without increasing the price. Both "New 5-Minute" and "Regular" Cream of Wheat are available at most food stores.

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* Complete report soon to be published.

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Regular medical care during pregnancy is vitally important. Your doctor can regulate diet to provide minerals, iron and vitamins so essential to good teeth and sound physical development in the baby. Ask his advice on feeding infant.

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REGULARLY



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Every Hygeia advertisement says "See your doctor regularly." Thus, nearly every family in America is being told repeatedly of the value of good medical care.

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HYGEIA
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Special Offer to Hospitals. Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.

THE NEWSVANE

Mrs. Roosevelt Regrets

In Mrs. Roosevelt's mail the other day was a letter from a man in New Jersey who wrote that he couldn't obtain needed medical care. The plea stirred the First Lady. She protested to the U.S. Public Health Service, which in turn took the matter to the Medical Society of New Jersey. The society contacted the proper local affiliate, which immediately dispatched a doctor to the scene.

The doctor discovered the complainant to be one of his own patients, whom he was still treating. In fact, he had been treating him for five years, during which time his total recompense amounted to \$15.

Care Is "98% Poor"

Only two per cent of the nation receives "good" medical care, in the opinion of Dr. Hugh Cabot. In whittling the most pessimistic estimates of fellow Federal-medicine protagonists down to this size, Boston medicine's "bad boy" reasoned as follows:

"No man can hope to furnish good medical care for his family unless he has an income of at least \$5,000 a year. Not more than two per cent of American families have incomes of \$5,000 a year or over. Indeed, the man earning \$5,000 may be hard put to pay for good medical care. He may be paying for an automobile on the installment plan, furniture, a home, or something else."

Speaking on "May We Die Reasonably or Only Respectably?" before the Euthanasia Society of America, Dr. Cabot also advised professional members that they already have the right to kill patients who

want to die. "Every physician, under his license to practice, is given the powers of life and death," he declared.

Hellman K.O.'s Jarcho

Believers in old-fashioned chivalry are the medical staff of New York City's Sydenham Hospital. When they split into two camps over the institution's policies, leaders of the factions sought to settle their differences via the *code duello*.

Principals in *L'affaire Sydenham* were Drs. Alfred M. Hellman, New York County Medical Society president-elect, and Julius Jarcho, attending obstetrician. Colleagues who served as opposing seconds give varying versions of the encounter. One is that Dr. Hellman scored an easy victory with a lightning-like hook to the body—Dr. Jarcho's. The other is that Dr. Jarcho walked into Dr. Hellman's fist by accident. At any rate, X-rays—taken at neutral Mt. Sinai Hospital—left no doubt that the loser had two broken ribs.

Consolation prize won by Dr. Jarcho a few days later was chairmanship of the hospital's board.

U.S.-Controlled Babies?

Birth control will become a national medical issue this year, if the Birth Control Federation of America gets its way.

Backed by some 900 prominent citizens, including Mrs. James Roosevelt, the President's mother, the federation is seeking \$289,117 to campaign toward this end. Specific purpose is to make birth control a public-health activity. [Turn the page]

MEDICAL ECONOMICS

That the time is ripe for such a drive is indicated by an American Institute of Public Opinion poll. It shows that 77 per cent of the public favors Government clinics to distribute birth-control information; that 23 per cent opposes it. Questioned regarding her attitude, Mrs. Franklin D. Roosevelt said that she is "not opposed" to birth control.

Alarmed by this intensified birth-control activity are Catholics; particularly the Very Rev. Robert I. Gannon, president of Fordham University. Referring scornfully to supporters of the movement as "brainy society women," Father Gannon calculates that "if the present rate were to continue, birth would be out of existence by 1961."

"The tide of babies after the war has now reached college age," he explains; "1941 will be the peak year. Then a decline will set in."

He concedes, however, that "there will always be a few old-fashioned people who want to keep at least one baby for the dog to play with."

Vet Treatment Soars

Admissions to veterans' hospitals rose 8 per cent in 1939, according to a report by the Veterans' Administration.

Of 165,576 total admissions during the year, over 92 per cent were for disabilities not connected with war service.

A possible explanation was offered by James VanZandt, past commander-in-chief of the Veterans of Foreign Wars and U.S. Representative, during a discussion in the House. He charged:

"Employees of Federal agencies, including the CCC, WPA, Post Office Department, Civil Service Commission, Unemployment Compensation Commission, and beneficiaries of the Railroad Retirement Board are examined by medical staffs of the Veterans' Administration. In many cases, employees of these agencies are hospitalized in veterans' facilities. All reimburse the Veterans' Administration, with the exception of the Post Office Department, Civil Service Commission, and Unemployment Commission. These three enjoy a special privilege that is charged to expenses chalked up for veterans of wars."

Refugee Wave Mounts

The influx of refugees from troubled Europe has almost tripled since 1937, it is revealed by U.S. Immigration Commissioner James L. Houghteling. "It is necessary," the commissioner declared in his annual report, "to call attention to the steady increase in immigration since the German annexation of Austria."

Pointing out that quota immigration rose from 27,762 in 1937 to 62,402 in 1939, Houghteling attributed the boom to "pressure by European

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FRENCH BAUME
ANALGÉSIQUE

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The PHYSICIANS METHOD

- offers the highest degree of effectiveness yet developed.
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Koromex Fitting Rings enable physicians properly to fit their patients.

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MEDICAL ECONOMICS

governments to drive into exile elements of their population."

Emigrés admitted during the past year totalled 82,998, he reported. Of these, 43,450 were Jewish; 6,708, Italian; 5,524, German; and 5,076, British. Germany and former Austria led as sources, followed by Canada, Italy, former Poland, and former Czechoslovakia.

How many of these newcomers to our shores are professional men could not be determined. No separate figures were given. But many doctors are believed numbered among the 44,474 who entered in 1939 under the cryptic label of "no occupation."

The rising tide of professional immigration to this country is reflected in an announcement by the Illinois Department of Registration and Education. The department states that it has turned down requests for medical licenses from 250 former German practitioners. Reason: it could not check their credentials.

Petticoat Practice Rises

Women doctors are cutting in on the practices of male colleagues, according to a survey of members of the Women's Medical Society of New York State. Results show a marked rise in the proportion of male patients treated by the ladies in the past few years. Reasons cited were: Increased male confidence in female

medical talent; greater power of women in hospitals; and the influence wielded by the fair sex in choosing the family physician. Many wives, it was stated, prefer to put their husbands in the hands of a woman doctor.

Hits Government Clinics

Multiplication of government clinics for highly specialized treatment was assailed recently by Dr. S. S. Goldwater, himself a municipal official. The doctor, who is New York City's Commissioner of Hospitals, charges that creation of more such clinics there would be "not only extenuating but accentuating one of the worst features of medical practice—one that we should get away from as fast as possible."

Shadid for Congress?

Dr. Michael Shadid, founder of the Co-operative Community Hospital at Elk City, Okla., has tossed his hat into the political ring. The doctor is a candidate for Congress from his State, he confided to a MEDICAL ECONOMICS reporter—"if there really and truly is a demand for it."

Only demand heard thus far is an unofficial nomination by the Farmers' Union Co-operative Hospital Association, operator of the Shadid enter-

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MARCH 1940



FEB. 9, 1935



FEB. 22, 1935

This typical case study convincingly portrays the therapeutic action of Mazon and Mazon Soap.

Mazon checks the progress of many difficult skin disorders of local microbial and parasitic etiology.

Physicians have proved to their own satisfaction, the unusual effectiveness of Mazon through personal clinical tests. We invite you to try

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MEDICAL ECONOMICS

prise. The association is urging that the doctor be sent to Congress "to legalize cooperative medicine" and thereby "defeat the doctors' conspiracy against our hospital."

It is likely that socialized medicine will be the main plank in the Shadid platform.

To Purge Public Health

In the face of protests from doctors, nurses, and patients, the Federal Government is preparing to take control of public medical care in the District of Columbia.

First move—an attempt to oust Dr. George C. Ruhland from his post as District health officer—was checkmated by a popular outcry. Among those joining in the protest were the District Medical Society, Washington Institute of Mental Hygiene, Instructional Visiting Nurse Society, and many citizens' and taxpayers' groups.

In an effort to placate the aroused

public, Federal officials are considering a substitute plan, drafted by the District commissioners. It vests supreme power over District health facilities directly in the President; enabling him to "designate an officer of the Army, Navy, or Public Service" to take charge of such activities.

Fearful of sectional political resistance if the Government tries to extend its influence over State health departments, U. S. Surgeon General Parran is mapping means of crushing such "obstacles." He suggests that grants-in-aid be withheld from States whose appointments fail to meet Federal approval.

Party to Perpetuity

The first six months of what the Royal Fraternity of Master Metaphysicians believe will be Jean Gaunt's immortal life (see MEDICAL ECONOMICS for January) were celebrated with fitting festivity at the

WHEN CELL-WORKMEN GET "SPRING FEVER"

Advent of warm weather conditions, following a long cold winter, is often marked by inhibition of cellular function. Cell activation is indicated and obtained by small amounts of iodine, assisted by its adjuvant, calcium.

Iodo Bromide & Calcium Comp.

exerts cyto-activating and alterative action in cachectic, depressed, disordered or deranged body functions, which not infrequently resist ordinary tonic or reconstructive medication.

Prescribe Iodo Bromide and Calcium Comp. in cases which need physiological house-cleaning and overhaul.

Sample and literature sent to any physician on request.

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Oldest Manufacturing Pharmaceutical Firm in America Established 1824

MARCH 1940



The Listless, Debilitated, Anemic Patient Responds

In generalized asthenia and secondary anemia, especially when the underlying etiology is obscure, Fraisse's ferruginous compound ampoules of iron and strychnine cacodylate with glycerophosphates exert the required systemic stimulation. Absorbed directly into the blood stream, this compound increases bone marrow activity and promotes a sense of well-

being and strength. Injection, either subcutaneous or intramuscular, is painless, and does not result in local nodulation or systemic reactions. Because the direct route is employed, response to therapy is rapid, and is manifested early in the course of treatment. Since injections are administered by the physician, therapy is completely controlled at all times.

Comprehensive literature sent to physicians on request.

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MEDICAL ECONOMICS

order's headquarters in Oakdale, N.Y.

The \$2,500,000 mansion—formerly the home of W. K. Vanderbilt—made a gay scene as 100 members of the fraternity attended a party in honor of the child they have adopted. A huge birthday cake, with six candles, occupied the center of the table. When it was placed before Baby Jean—whose mind is being educated against destructive thoughts—she smashed it with a lusty backhand.

As a birthday present, she received a \$50,000 ring, set with thirteen diamonds so small that they can be seen only under a magnifying glass. The donor was Mrs. Ann Tomlinson, who has deserted a villa at Monte Carlo to live at the fraternity. Napoleon Hill, whose "success" books are best-sellers in Atlanta, Ga., sent a scrapbook to hold the pictures of those who contribute toward Jean's eternal support. Each \$100 contributed to this fund, Chief Master Metaphysician James B. Shafer said, will symbolize happiness.

Death Rate Irks Parran

Latest national death rate calculated by the U.S. Public Health Service—that for 1938—is the lowest in American history, announces Surgeon General Thomas Parran. Calling the figure of 10.6 per thousand "disarmingly low," the Surgeon General warns that this "should not lull the public into false security. The mortality rate

is a national average, in which are obscured significantly high rates among certain groups of the population." Nor, he adds, does it include the "shocking increments of sickness and suffering resultant from lack of medical care."

C.I.O. Polls Patients

Some 5,000 Alameda County (Calif.) patients are being circularized by the C.I.O. in a union move to take over the administration of medical care in the district. If 1,000 families pledge their support, C.I.O. medical leader Charles L. Lewis said, the union will set up a health insurance plan of its own. For a "low" membership fee, prospective patients are being informed, an entire family—regardless of size—will be entitled to complete unionized care.

Special Deliveries

Once in a million maternity cases, a doctor gets a chance to deliver quadruplets. In the home of a Nauvoo (Ala.) coal miner, with only neighbors to assist him, this opportunity recently came to Dr. H. J. Sankey.

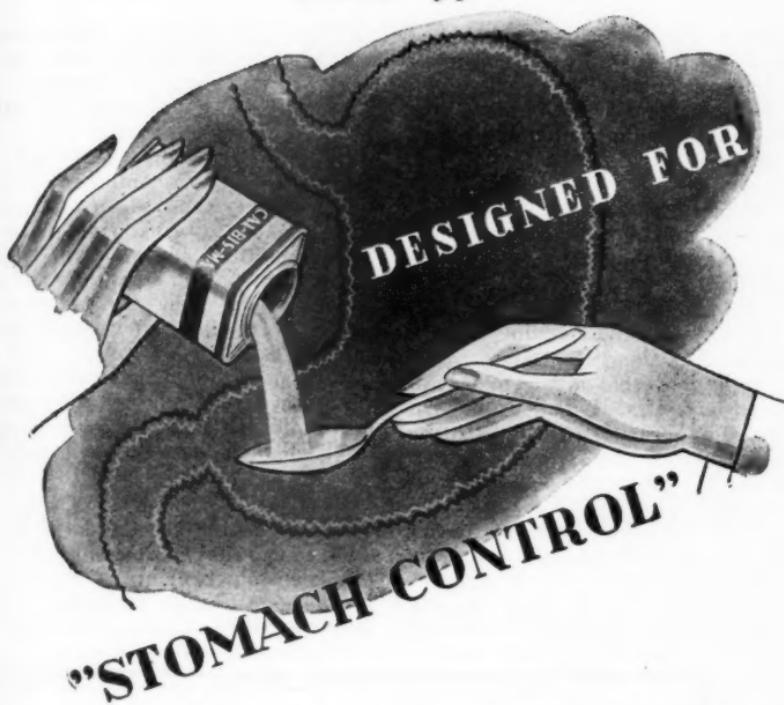
Within an hour and a quarter he had safely ushered the four babies—three girls and a boy, weighing slightly over three pounds each—into the world. The delighted mother, Mrs. Clyde Short, immediately christened the girls Faith, Hope, and

A Good Point **VIM NEEDLES**

Genuine Firth-Brealey Stainless Steel in **VIM** needles—beautifully ground to a razor-keen point and cutting edges. **VIM** needles perforate easily, painlessly. For a good point, ask your surgical instrument dealer for **VIM** needles.



MARCH 1940



Capricious though the stomach may be at times, it can be made to behave with CAL-BIS-MA, the gastric antacid designed for "stomach control." The stomach in a tantrum sheds no tears but it does pour out acid, more than is good for its own well-being.

Cal-Bis-Ma quickly neutralizes this acid and keeps it neutralized for some time. Colloidal kaolin and bismuth add their conciliatory sedative action, discouraging secondary acid rise. The stomach tends to resume its usual calm and goes normally about its digestive function. Cal-Bis-Ma performs its task unostentatiously, without even making the patient swallow an unpleasant dose.

Why not become acquainted with Cal-Bis-Ma? We shall gladly furnish a trial supply. Simply write for it on your letterhead. Cal-Bis-Ma may be prescribed in powder or tablet form. The powder is supplied in tins of 1½, 4 and 16 ounces; the tablets in boxes of 30 and bottles of 110.

WILLIAM R. WARNER & CO., Inc., 113 West 18th St., New York City

MEDICAL ECONOMICS

Charity. The boy will not be named until she finds an appropriate masculine attribute.

Only damper on the occasion was Dr. Sankey's admission of a mistaken diagnosis. "I was expecting twins," he said.

Far north of Nauvoo, in New York City, Obstetrician Edwin G. Langrock meanwhile had an even more unusual obstetrical case: Identical twins who had married identical twins at a double wedding became pregnant at almost the same time.

After delivering a boy to one of the sisters, Mrs. Hyman Rubin, Dr. Langrock became so excited that he congratulated the wrong brother, Benjamin. When, four days later, he presided at the birth of identical twins to Benjamin's wife, the doctor was certain his case was unique in medical history.

Chief difficulty was convincing colleagues that it had really happened.

Dr. Horatio H. Newman, University of Chicago's twin expert, with scientific skepticism wired Langrock:

"Know of no such case. Of real scientific interest—if true."

Dr. Franz Kallman, N.Y. Psychiatric Institute's twin authority, likewise had never heard of such a thing. Nearest to it, he said, was the case of twin brothers marrying unrelated women: one having eight boys and a girl; the other, eight girls and a boy. The children didn't intermarry, however.

Both male Rubins, who with their wives have been sharing an apartment, told the doctor they sometimes can't tell their mates apart.

Indentured Doctors

Virginia's legislature is considering a bill to end the reported shortage of physicians in rural areas. Proposed by Delegate Charles R. Fenwick, of Arlington, the measure would appro-

GENTLE SEDATION *Peacock's Bromides*



A combination prepared to produce a synergistic therapeutic action unexcelled in hypnotic and sedative Bromide qualities. When Bromide medication is indicated to

Each fluid dram contains Potassium Bromide, 5 1/4 grs., Sodium Bromide, 5 grs., Ammonium Bromide, 2 3/4 grs., Calcium Bromide, 1 1/2 grs., Lithium Bromide, 1/2 gr. Total: 15 grs. of the combined purest Bromides in each fluid dram. Alcohol 6%.

provide relaxation, sleep and as therapy in acute or chronic conditions, you may be assured splendid results by prescribing Peacock's Bromides.

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NIGHT

BLINDNESS



First Clinical Symptom of **VITAMIN A DEFICIENCY**

Perhaps more prevalent than is commonly realized, night blindness (nyctalopia or hemeralopia) is among the first clinical symptoms of vitamin A deficiency. Careful history-taking and examination will often reveal the presence of nyctalopia in unsuspected cases.

When this condition is present and causes other than vitamin A deficiency have been ruled out, the natural vitamin A of high potency White's Vitamin A Capsules is specific.

Prophylaxis is even more important. When you have reason to believe that the patient is not receiving or assimilating sufficient vitamin A, call upon White's Vitamin A Capsules for replenishment.

Palatable and clinically potent, White's Vitamin A Capsules are readily accepted by all types of patients—particularly those whose diets are most likely deficient or whose reserves are taxed to the limit, the growing child, the convalescent and the ulcer or gall-bladder patient on a restricted diet.

White's Vitamin A Capsules

Each small capsule contains not less than 20,000 U.S.P. units of natural vitamin A derived from fish liver oils. Average dosage: one capsule daily or as directed. Ethically promoted—not advertised to the laity. White Laboratories, Inc., Newark, N. J.

White's **VITAMIN A CAPSULES**

priate \$4,400 in public funds annually for eight scholarships at the University of Virginia Medical School and the Medical College of Virginia. Each recipient would be obligated to practice at least four years in a community assigned by the State health department.

Tragedy of the Deep

By the time you read this, Dr. Wendell L. Hughes' \$10,000 home at Point Lookout (N.Y.) may have gone out to sea. As this was written, the Nassau County Board of Supervisors was still wondering whether to build a jetty to save the house from destruction by incoming waters.

Local politicians have been debating this question since over a year ago. At that time, it was noticed that the 450 feet of beach between the physician's house and the sea were being gradually nibbled away. At last count, the distance had been reduced to twelve feet. The doctor has half a dozen men trying to stem the tide until the board makes up its mind.

Conducts Cancer Court

If you have cured a patient of cancer, you might refer him to the Ontario (Canada) Cancer Commission. This august body, headed by Supreme Court Justice J. G. Gillanders, is looking for an authentic cured case. To date, it has notified the prov-

ince legislature, it hasn't found any.

After hearing a parade of witnesses who either claimed to have been cured or to have cured someone, the committee observed:

"In no case is the committee able to find any treatment investigated a cure. The commission has been impressed by the confidence displayed by patients who testified to the merit of the treatment they had received. The commission was unable to conclude, in some cases, that the patient had suffered from cancer, and in others, that the relief was due to the treatment."

The search will continue.

Macfadden's Dream

A nation of Bernarr Macfaddens is the hope held out to America—by Bernarr Macfadden—if it adopts Government medicine.

As expounded in *Liberty* magazine, the Macfadden national health program would make "the knowledge I have, which enables anyone to remain free from illness," part of "the curriculum of medical colleges." Macfadden "health principles" would be "taught in every public school. Under Government control, we might secure such educational advantages for everybody."

As for private practice, it is "commercialized to a scandalous degree," he advises readers. "When a patient comes to them [doctors], he is plac-

GLYKERON . . . a double-action antitussive



2
STRONGLY
EXPECTORANT

• It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.

Dosage: For adults 1-2 teaspoonsfuls every 2-3 hours or longer, children in proportion.

Supplied: In 4 oz., 16 oz., and half-gallon bottles.

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MARCH 1940

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will be glad to wear them



DOCTOR—you know how difficult it is to persuade your patients to wear elastic stockings. And no wonder! Old-style stockings are hot, bulky, uncomfortable and ugly.

But here are cool, silk-like Elastic Stockings that patients will really wear. For these Bauer & Black Elastic Stockings, knit from "Lastex" yarn, are inconspicuous, comfortable—give two-way stretch and easy adjustment. They meet every requirement for tension and support—come in the popular beige color, six styles—knee length and full length. Ask your dealer for information and fitting chart or write Bauer & Black, Division of The Kendall Co., 2500 S. Dearborn St., Chicago, Ill.

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ing his life in their hands. They can prolong his illness; make it appear to be serious when it is otherwise. They can send him to his grave without loss of prestige. Frequently the doctor who has the largest number of deaths acquires publicity which materially adds to his practice."

Cavalier Blood Tests

Unusual is the word for the marital blood-test law being weighed by the Virginia House of Delegates, where it was introduced by E. Blackburn Moore, of Winchester. Although it would require examinations of the altar-bound, it provides that "no clerk shall refuse a marriage license to any person because of syphilis."

Instead, after a repetition of the test confirms a positive diagnosis, the bill calls for the family physician to give the couple a good talking-to. If they decide to marry anyway, they "shall be deemed to have agreed to

take treatment." Their failure to seek medical attention voluntarily would be a misdemeanor, punishable by forced treatment.

Meanwhile, Dr. George M. Leiby, the District of Columbia's new venereal-disease officer, is finding many flaws in Washington's clinics for these cases. "In many," he charges, "patients are herded like sheep. A doctor becomes merely a technician, and a clerk is given the job of dispensing drugs."

Police Need Help

A physician's services are necessary in examining drivers for intoxication, Dr. Ferdinand C. Helwig has advised the Kansas City (Mo.) Bar Association. The Jackson County Medical Society president maintains that only the spinal-fluid test, which requires medical supervision, is accurate in "borderline" cases.

Assailing as "unsatisfactory" and

VITAMIN D AND CALCIUM WAFERS ARMOUR



THEY CONTAIN:

Vitamin D (from natural source)
750 U. S. P. Units
Dicalcium Phosphate . . . 9 grains
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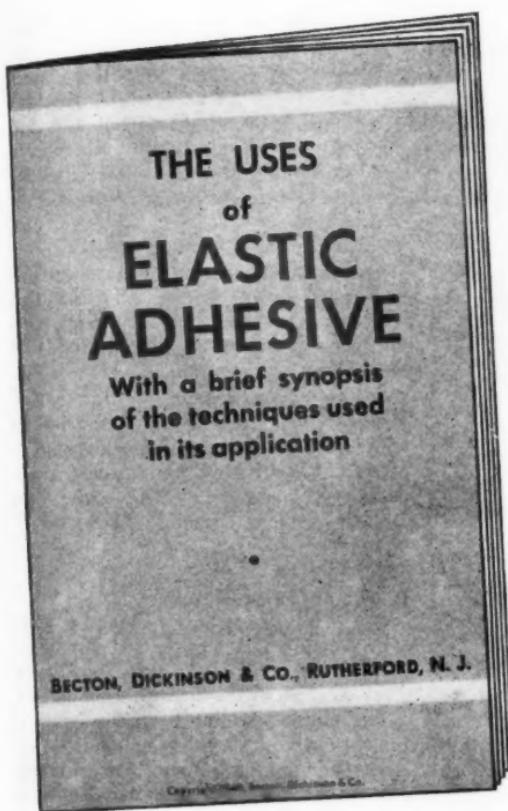
They are prepared to the strict standards of potency, uniformity and dependability of The Armour Laboratories.

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This little booklet, just off the press, should be of considerable interest to physicians in all fields of practice. To what address may we send your copy?

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Please send me my copy of "The Uses of Elastic Adhesive."

Dr.

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City. State.

MEDICAL ECONOMICS

"unfair" many methods now used by police departments, Dr. Helwig declared:

"Sometimes a drunk can walk a straight line, speak coherently, and otherwise conduct himself rationally. Many a sober man, shocked by arrest, has been found incapable of walking steadily, writing, or even recalling his name."

Skiing Jumps Fractures

Last Winter's rise in the popularity of skiing was accompanied by a boom in fracture cases, according to a member's report to the American Academy of Orthopedic Surgeons. The upturn will last, it is prophesied, until week-end athletes learn to "develop powers of resistance to accidents."

In advising readers how to accomplish this, The New York Herald-Tribune, commenting on the findings, recommends this preventive measure: "Never put on a ski."

Denies C.P.S. is "Broke"

Rumors that the California Physicians' Service is ready to close down for lack of funds are scoffed at by Dr. Alson R. Kilgore, secretary-treasurer of the voluntary health insurance organization.

Admitting that C.P.S. has had to borrow another \$12,000 from the State medical association (a former loan

of \$15,000 is still unpaid), Dr. Kilgore nevertheless expressed confidence that the service will be self-sustaining at an early date. He laid its failure to climb out of the red largely on the doorstep of the Sacramento County Medical Society, whose members refused to recognize C.P.S. contracts.

Reports among the local profession that enrollment of patients has "bogged down" he likewise branded false. "An average of about two groups a day have been added," he declared.

The C.P.S. executive hinted that these stories are being broadcast in an attempt to sabotage the experiment. "We have lost at least three groups [of patients]," he stated, "because of remarks made by doctors."

Pediatrics Peppered

Pediatric care was proclaimed a "public responsibility" before President Roosevelt's recent White House Conference on Children in a Democracy. The claim was made on the basis of a report that virtually echoed the accusations lodged against general medicine at the National Health Conference. Among the charges:

That nearly 250,000 mothers annually are unattended by a doctor at childbirth; 91,000 children die yearly from curable diseases; 16,000,000 children are in families that cannot



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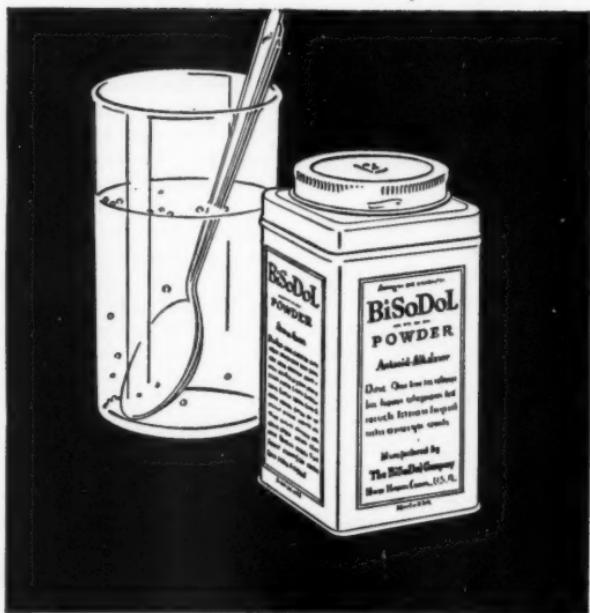


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GASTRIC HYPERACIDITY and DIGESTIVE UPSETS *due to* EXCESS STOMACH ACID.
BiSoDoL Mints in convenient tablet form.

Samples Free to the Medical Profession on Request

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MEDICAL ECONOMICS

afford adequate care; hospital facilities for children are "gravely inadequate"; professional education in this field is "lagging," particularly in obstetrics.

The report, released by the U.S. Department of Labor, calls for "action by citizen groups, voluntary agencies, and government."

It's the Wife Who Pays

When a woman tells a doctor, "Do everything for my husband—I'll foot the bill," she becomes liable in full. So held a Jamaica (N.Y.) court recently, in awarding Dr. John J. Brown a judgment against Mrs. Grace Vohs.

The physician testified that when Mrs. Vohs' husband became ill, she assured him that she would meet all expenses. Relying upon her promise, he said, he sent Vohs to a hospital as a private patient, ordered laboratory work, and summoned a surgeon for an operation. When Vohs later de-

veloped pneumonia, he added, he called a specialist.

The patient died.

Although the hospital was partly paid, the doctor related, none of the physicians received a cent. He alone, he asserted, was owed \$183.

Taking the stand, Mrs. Vohs denied any conversation with Dr. Brown concerning fees. She claimed she could not have made such a promise since, until her husband died, she had no money of her own.

As there were no witnesses, the judge charged the jury to award a verdict for which of the two they believed.

The jury believed the doctor.

Designs for Schooling

Changes in the current medical-economic scene are reflected in the revision of medical school curricula. Regarded as especially significant is a report that a committee headed by

WHEN MENSTRUATION

"passes the Borderline and becomes Abnormal"



INDICATIONS

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HOW SUPPLIED

In ethical packages of 20 capsules.

Let us send you your copy of the informative brochure, "Menstrual Regulation."

In many cases of functional aberration, associated with or caused by uterine deficiency, Ergoapiol provides welcome relief from discomfort by aiding in the normalization of menstrual expression.

All the alkaloids of ergot (prepared by hydro-alcoholic extraction), which are incorporated in Ergoapiol, and synergistically enhanced by apiol, oil of sabin and aloin, exert an unusual sustained tonic action upon the uterus. Thus Ergoapiol effectively induces local hyperemia, and stimulates smooth, rhythmic uterine contractions. In addition, it constitutes a potent hemostatic agent to control excessive bleeding.

Ergoapiol is also a desirable oxytocic, of benefit in facilitating involution of the postpartum uterus.

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THE PREFERRED UTERINE TONIC

MARCH 1940

SOOTHING!

By Glyco-Thymoline

Glyco-Thymoline's gentle action helps to soothe irritation of the mucous membranes— aids you in the relief of the distress and discomfort often accompanying



Ordinary COLDS and SORE THROATS

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MEDICAL ECONOMICS

Dr. Hebbel E. Hoff is surveying the entire course at the Yale School of Medicine.

Sweeping powers are said to have been entrusted to the committee. Its recommendations, according to reliable sources, will be designed to bring the curriculum in line with a "more advanced viewpoint" as well as "economic and social changes."

Meanwhile, Johns Hopkins Medical School is installing a new preventive-medicine department, headed by Dr. Perrin H. Long. The department's future has been assured for at least ten years by a \$350,000 grant from the Rockefeller Foundation.

Fair When Warmer

The medical and public health exhibits at the New York World's Fair, which were attended by 7,500,000 visitors in 1939, will be reopened for the 1940 season beginning May 11, it has been announced by Dr. Louis I. Dublin, acting chairman of the American Museum of Health.

New exhibits, the nature of which will be made public before the opening date, are to be added to the Carrel-Lindbergh "heart," the Transparent Man, and other dramatizations of medical science.

Approximately one out of every three World's Fair visitors in 1939 attended the Medicine and Public

Health Building exhibits. This attendance has never been equalled by a similar exhibit anywhere, Dr. Dublin points out, the nearest being that of the Hygiene Museum at Dresden which had a total of 5,500,000 in 1911.

Sex Still Taboo

Even a psychiatrist is apt to get into trouble if he mentions sex to female professional associates, Dr. W. J. Johnson has discovered. The San Antonio (Texas) physician recently heard his alleged chats on the facts of life made the basis of charges that he was "morally unfit" to continue as superintendent of the State Hospital for the Insane.

The accusations were filed by the San Antonio Ministers' Association.

Baldish and nearing sixty, Dr. Johnson heard himself branded a Lothario by his women employees.

A telephone operator—Mrs. G. F. Foelsing—testified he had put his arms around her and two companions—all at the same time. Mrs. Bertha Williams swore she had quit when the doctor inquired into her love-life. Mrs. Adella Cooper attested that he spoke in such a way that she thought he might be making a pass at her. Miss Ras Stockton asserted that she had been shocked when he informed her that there was nothing abnormal about sexual relations between men

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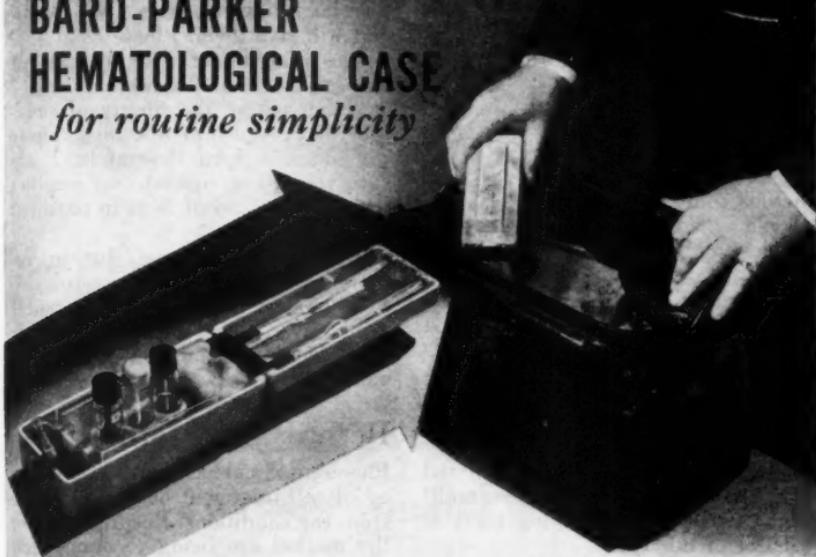
A more effective application of ephedrine. Vapor reaches areas inaccessible to drops or spray. Patients report easier breathing in asthma, catarrh, some forms of sinusitis. Ephedrines smoke as freely and smoothly as ordinary cigarettes. Pleasant, effective and convenient. Free—6 trial packs of 5 cigarettes each. Write today.

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MARCH 1940

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Additional B-P Pipettes (red or white) with mouthpiece and tube \$1.25 ea.

When normal and crowded call-schedules demand every time-saving convenience . . . a hasty pre-examination of this unique Case instantly prevents the omission of essential equipment necessary for obtaining blood specimens (red, white and differential) at the bedside. *Time consuming call-backs are minimized.*

Constructed within the Case are spring compression plungers and set facings which provide for the intact conveyance of diluted blood and blood smears to the office or laboratory. Lessens possibility of specimen loss. *Time consuming call-backs are minimized.*

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MEDICAL ECONOMICS

and women. And Miss Ruby Benton, a good-looking brunette, alleged she let him kiss her so that she would get a job.

Dr. Johnson denies the charges as "false and slanderous"; says it's all a conspiracy.

No Sucker Shortage

Rackets having medical men as their victims continue to flourish.

Among the latest crop, warns the American Surgical Trade Association, is one which has lately mulcted many doctors in Ohio and New York. A stranger, claiming to represent a well-known surgical house, collects instruments for re-plating or repairing. The hitch: They are never returned.

Not illegal, but almost equally annoying, are shipments of unordered merchandise to physicians from mail-order firms. Accompanying them is a letter of this type:

"We are taking the liberty of sending you three fine ties. These ties have the approval of thousands of discriminating dressers. We know you will like them. Please send \$2."

One practitioner with a sense of humor replied as follows:

"I am taking the liberty of sending you \$2 worth of fine pills. These pills have helped thousands. I am sure you will appreciate my sending them. Please accept them in payment for the ties."

The Better Business Bureau reminds doctors that they are not legally obligated to return such goods; need give them only "reasonable care"; and are entitled to charge for storing them.

Records for Deafness

Phonograph care is the newest method of self-treatment offered sufferers from ear conditions. Records now on the market are being recommended

*Improved
Tompkins*

**PORTABLE
ROTARY
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Model
T-39

Price Complete with Cover and Accessories **\$87.50**

The Improved Tompkins Portable Rotary Compressor embodies many excellent new features not procurable in any other portable suction and pressure unit.

New features include vibrationless spring suspended motor unit assuring smooth, noiseless operation; stainless steel base; hot water jacket for the ether bottle to prevent freezing; suction gauge and regulating valve; two way pressure by-pass valve which makes it possible to use either the spray tube or the ether bottle without disconnecting any parts.

No belts to stretch or break; no gears to strip; no friction drive to slip; no couplings to get out of alignment. Nothing to get out of order. Only care required is lubrication. Write for descriptive circulars with apparatus illustrated in full colors.

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MARCH 1940



PLAN OF CAMPAIGN

... against vaginal leukorrhea



For Office Insufflation—
Floraquin Powder, bottles of 1 oz. and 8 oz.

For Home Routine—
Floraquin Tablets, boxes of 12 and 24 tablets.

Due to the variety of etiologic factors involved in vaginal leukorrhea, the problem must be attacked from many angles.

The invading organisms may be protozoa, such as the Trichomonas Vaginalis, or may be bacteria, such as B. Coli or the gonococcus, or a mixed infection may be present.

In addition, the normal protective flora (Doderlein bacillus) is reduced, the pH is disturbed and the mucosal glycogen becomes depleted.

A comprehensive plan of campaign must therefore include aggressive action against all probable invaders and rehabilitation of the mucous membrane. Floraquin accomplishes both.

Floraquin contains the protozoacide, Diodoquin (5,7-diiodo-8-hydroxy-quinoline) together with specially prepared anhydrous dextrose and lactose, adjusted by acidulation with boric acid to a hydrogen ion concentration which produces a normal pH of 4.0 to 4.4 when mixed with the vaginal secretions.

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MEDICAL ECONOMICS

by their makers for many forms of chronic deafness.

All the patient has to do, it is alleged, is select the right disc for his complaint; play it ten minutes a day. The special sounds produced, it is claimed, improve the hearing. Some 5,000 of the records are already in use.

Course for Assistants

A Harvard University extension course has been started by the Massachusetts State Department of Education to help prepare young people for work as medical secretaries. Eight lectures touch on such basic medical subjects as anatomy, physiology, pathology, pharmacology, dietetics, and nutrition. They are given by Dr. Robert M. Green, associate professor of applied anatomy at the Harvard Medical School.

N.Y. Split on Secretary

Whether the New York County Medical Society will have an executive secretary is due to be decided by the courts. Although the organization's comitia minora named Dr. B. Wallace Hamilton to the new \$12,000-a-year post, its right to do so has been challenged by the powerful "liberal" bloc within the society.

Led by Dr. Ernest Boas, the dissenters charged that creation of the office was "illegal, undemocratic,

high-handed, and unconstitutional." On the other hand, the action was upheld by such leaders as Drs. Charles Gordon Heyd, former A.M.A. president; Clarence Bandler, Alfred M. Hellman, and Samuel J. Kopetzky. After a ballot of members supported Dr. Boas' viewpoint, 488-to-303, the liberals announced their intention of fighting the move by legal action. Most of the society's 5,000 members did not vote.

Melt Snowy Obstacles

When Drs. R. G. Hickerson and Paul Hockberg answered a call to the home of eleven-year-old patient Barbara Anderson in Seaton, Ill., they found a situation to test the most ingenious medical men.

Snowdrifts blocked the way to the house. With the aid of neighbors, they tunneled a path to the door. Inside, an examination convinced the doctors that their patient had meningitis. They took spinal-fluid specimens. But the nearest laboratory was at Monmouth, and the snow had halted train service; and even when running, trains to that city could be boarded only at Keithsburg.

But the doctors were not discouraged. A call was put through to the Minneapolis and St. Louis R.R., which agreed to send a special train, equipped with a snow-plow. Volunteers were obtained to carry the fluid

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Treats Both Orally

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A Prescription for an Expectant Father

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MARCH 1940



By Reputation

ANGIER'S EMULSION

assists in conserving the
patient's resistance powers
during convalescence

Convalescence, following simple or difficult respiratory affections, is often attended by two retarding factors which tend to lengthen the recovering period. . . . Frequency and shock of paroxysmal coughing and intestinal dysfunction.

The therapeutic latitude of Angier's Emulsion recommends its use as an effective adjunctive treatment in such conditions. It is safe to prescribe in children of all ages, diabetics and elderly patients, as the formula contains no sugar, alcohol, opiate or harsh laxative.

IN COMBATING COUGH:

Angier's Emulsion aids in softening and loosening viscid secretion and facilitates its expulsion . . . soothes accessible area of irritated mucous membrane . . . tends to check unproductive cough . . . minimizes frequency and severity of paroxysms . . . lessens conscious distress.

GASTROINTESTINALLY:

Does not impair appetite.

. . . Infinitesimal dispersion of high viscosity mineral oil globules mix intimately and uniformly with stomach contents . . . inhibits propagation of putrefactive bacteria in intestines . . . aids in normalizing intestinal stasis, maintaining tonus and stimulating peristalsis . . . produces a yielding, easily passed stool, without recourse to dehydrating cathartics.

Clinical sample
on request

Advertised solely to the profession

ANGIER CHEMICAL COMPANY
BOSTON, MASSACHUSETTS

MEDICAL ECONOMICS

through the drifts to Keihsburg, where it was put aboard the waiting locomotive.

From Monmouth soon came verification of the physicians' diagnosis. Now the problem was: How to obtain serum? The closest source was Galesburg. But the roads were impassable.

In desperation, the doctors appealed to the Galesburg airport. The proprietor himself offered to fly the serum through.

Not long after, his plane circled over the farmhouse. In the nick of time, a parachute bearing the serum fluttered to the ice at the feet of the waiting doctors.

Redskins Easily Tamed

Indians are among the strongest supporters of Federal medicine, according to Dr. Estella Ford Warner, of the U.S. Public Health Service. The director of thirty-seven institutions, serving thirteen reservations, dis-

closed that medicine men are now referring their patients to Government hospitals.

In return for this patronage, she revealed, the Government no longer wants "to destroy the medicine man" but is "trying to get him to cooperate." In this direction, she said, "he has performed very well." In fact, Dr. Warner hinted, the Indian doctors "give us better cooperation and are more intelligent about health problems" than certain of their white brethren. "My hat is off to these Indians," she declared.

Like white colleagues, however, Indian doctors sometimes resent Government encroachment on their practices. The day after a Federal hospital opened at Fort Defiance, Ariz., Dr. Warner related, a medicine man asked to see the "great white chief medicine man." Shown through the institution, he eyed sterilizers, operating-room, trusses for broken legs,

Treat RESPIRATORY AFFECTIONS
1 *systemically with..*

HYODIN

This syrup of hydriodic acid provides all the alternative, sorbafacient, glandular stimulant and eliminant properties of internal iodine medication—in unusually safe and palatable form. It effectively helps to stimulate the broncho-pulmonary membranes, to promote secretion and liquefaction of mucus, and to facilitate gaseous exchange. Less toxic, less irritant, and highly palatable.

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**SYRUP AMMONIUM
HYPOPHOSPHITE**

USE COUPON FOR SAMPLES

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ORANGE

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This demulcent expectorant provides effective soothing relief of local inflammation, and makes the cough more productive and less fatiguing.

Gardner's Hyodin, together with Gardner's Syrup of Ammonium Hypophosphite, provides a potent combination for the treatment of chronic bronchitis, influenza, gripe, common cold, bronchial dyspnea, unresolved pneumonia and pleurisy.

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Gentlemen: Please send me a liberal sample of

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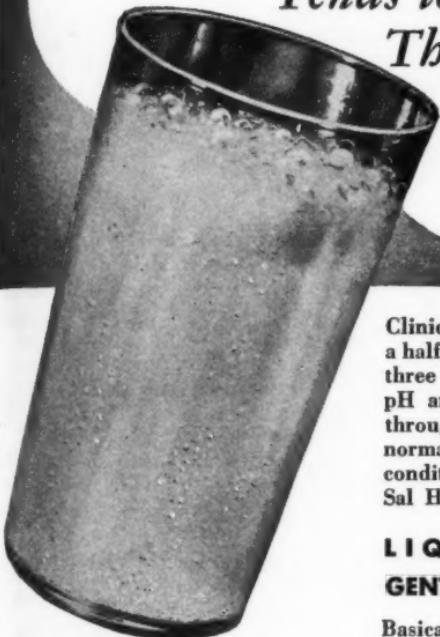
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MARCH 1940

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*Tends to Alkalinize
Throughout Day*

Combined with Gentle
LAXATION Aids in
Colds.



Clinical studies have recently shown that a half a teaspoonful of Sal Hepatica two or three times a day tends to raise the urinary pH and keep this higher alkaline level throughout the day. For helping to restore normal base-balance in colds and similar conditions, this alkalinizing property of Sal Hepatica offers usefulness.

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Basically, the rational saline combination of Sal Hepatica is designed to rid the constipated bowel of waste (cold or no cold). Sal Hepatica makes a pleasant, effervescent solution which provides liquid bulk for activating, flushing and lubricating the intestines. Excessive gastric acidity is neutralized and bile flow stimulated.... Why not request sample and literature?



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and nursery with what seemed silent approval. But when a closet door opened, and he was confronted by a dangling skeleton, the chief snapped: "Who is he?" The resulting reply—that "he" had come from the Government—made everything all right. Navajos, Dr. Warner explained, don't mind the dead—so long as they are from Washington.

Surgical Snapshots

The filming of case histories has been recommended to the American College of Surgeons by Dr. Ray K. Daily, of Houston, Texas. "No description of gross findings—no matter how detailed, accurate, and vivid—is so lucid as a photograph," Dr. Daily told the college. "The time will come when gross findings, to be valuable, will have to be presented photographically." Urging that office assistants be taught to use a camera, she added: "Photography is developing rapidly. Its possibilities for medical recording are yet unexplored."*

License Levy Licked

San Francisco's attempt to tax its doctors for the privilege of practicing within its boundaries appears at least temporarily squelched. After physi-

*In its November 1938 issue, MEDICAL ECONOMICS discussed the advantages of micro-filming gross pathological specimens, as well as completed case histories.

cians pointed out that levies on their licenses would boost the cost of medical care, the city's board of supervisors repealed the law. Mayor Rossi, however, has intimated that the issue is far from dead. Similar legislation, he disclosed, will be introduced at an early session of the board.

The idea has spread to Redwood City, in the same State, where the governing council is considering an almost identical proposal. The size of this tax would depend on the physician's gross annual income: \$12 on intakes up to \$6,000; \$20 on amounts from \$6,001 to \$15,000; \$30 on gross incomes over that.

82 Years a Carrier

A year ago, a Westchester (N.Y.) child was stricken with typhoid. A check of the family left County Health Commissioner George H. Ramsey baffled as to the source. Only person not examined was the patient's 101-year-old great-grandmother.

Not long ago, another youngster in the family came down with the disease. This time Dr. Ramsey ordered the centenarian examined. She proved to be a carrier.

"Ever have typhoid?" Dr. Ramsey asked the old woman.

She nodded.

"When I was twenty," she said. "In 1858."

Eighty-two years ago—twenty-six

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years before the isolation of the germ by Dr. Robert Koch! A few rapid calculations convinced Dr. Ramsey that this made her the oldest typhoid carrier in modern medical history, as well as the one who had escaped detection the longest.

Her health, Dr. Ramsey said, is otherwise fair.

Quarantine on Kissing

The University of California is now a kissless institution—by decree of its medical authorities. They ordered a two-months ban on osculation after sixteen students had acquired influenza.

Rebellious students immediately sought and found medical defenders of the kiss.

"A genuine kiss," declared one doctor, "generates so much heat that it destroys germs."

"A healthy kiss," asserted Dr. S. L. Katzoff, medical director of the San

Francisco Institute of Human Relations, "doesn't spread germs. The university ought to advocate more kissing."

Repercussions of the squabble spread to Ohio, where M.D.'s at Cleveland's Western Reserve University sought to settle the question. Dr. Lee Ferguson, head of the university health service, agreed with U. of C. physicians—theoretically. "There is," he proclaimed, "no question but that colds in acute stages are easily transmitted" by kissing. But in practice, he added, Western Reserve does not bar kissing. It merely admonishes students with colds to avoid "close contact."

Criticizes Compulsion

Mrs. Eleanor Roosevelt is against compulsory health insurance. She said so herself in an interview in which she also expressed the hope that no National Health Program that lacked

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heavy professional support would be passed by Congress. Explaining that she dislikes forcing any group to act against its will, the President's wife advocated the testing of health plans on a voluntary basis.

Wives Back Husbands

In a mass protest against the National Federation of Woman's Clubs' endorsement of the Wagner Bill, New Jersey doctors' wives have walked out of the organization. The action was taken through the New Jersey State medical society women's auxiliary, which severed its affiliation with the federation.

Explained Mrs. G. E. McDonnell, of Mt. Holly, auxiliary president:

"The medical society does not agree with the health policy of the bill. As we are part of the society, we could not approve anything contrary to the society."

Exit Family Doctor?

Sexology, a magazine selling at news stands for 10 cents a copy, recently offered its readers a unique medical service. To save them the trouble and expense of consulting family physicians, the publication offered—in a display advertisement—the following bargain:

"We have many requests from readers . . . to refer them to qualified prac-

titioners, in or near their localities—particularly when the services of specialists are required . . . Send 10 cents in stamps or coin . . . On a separate sheet of paper, state what the nature of your particular trouble is, in as few words as possible to make it perfectly clear.

"By return mail we will send you the names and addresses of the physicians or specialists whom we select . . . Address all letters to the Service Department."

Gunman Stalks Surgeons

Detective Charles Watkins was drowsing at his desk in a Manhattan police station when a stranger entered.

"How can I get into the clinic of New York Hospital," the visitor wanted to know.

Watkins yawned.

"What do you want to get in for?" he inquired.

The response snapped the detective out of his reverie.

"I want to kill two doctors," the stranger said, nonchalantly.

At that, Watkins frisked his guest. He found a loaded revolver and extra ammunition. Whereupon the stranger was made comfortable in a cell, where he said that his name was Walter S. Hook and that he was from Glennbrook, Conn. New York Hospital records showed he had been a surgical patient a year ago.

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